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ABSTRACT

The goal of the Adolescent Assessment/Referral System (AARS) project was to identify, collect, and organize all the appropriate materials associated with assessment and treatment referral for troubled youth 12 through 19 years of age. This document discusses the components of the AARS. After an introduction to the AARS, the structure and function of the AARS are described. In this section the 10 potentially problematic functional areas represented in each component of the AARS are listed: Substance Use/Abuse; Physical Health Status; Mental Health Status; Family Relations; Peer Relations; Educational Status; Vocational Status; Social Skills; Leisure and Recreation; and Aggressive Behavior and Delinquency. The next section describes the Problem Oriented Screening Instrument for Teenagers (POSIT), an instrument designed to identify problems in need of further assessment. The next section describes the Comprehensive Assessment Battery, a group of instruments which should be used when the POSIT has indicated that there is a possible problem. The last section outlines steps in the development of the Directory of Adolescent Services, a directory intended for use by practitioners who work with adolescents and require information about a broad range of provider services. It is noted that by developing a local or regional directory practitioners and administrators gain an increased familiarity with the array of resources available for addressing the medical, psychiatric, educational, and psychosocial needs of troubled adolescents. The instruments used with the AARS are included. (ABL)

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THE ADOLESCENT ASSESSMENT/REFERRAL SYSTEM MANUAL

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THE ADOLESCENT ASSESSMENT/REFERRAL SYSTEM MANUAL

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PREFACE

The development of the **ADOLESCENT ASSESSMENT/REFERRAL SYSTEM** was undertaken by the National Institute on Drug Abuse in April of 1987. The aim of the project was to identify, collect, and organize all the appropriate materials associated with assessment and treatment referral for troubled youth 12 through 19 years of age.

Earlier, efforts to address adolescent assessment and referral issues had focused mainly, and sometimes exclusively, on teenagers' use of drugs and/or alcohol. But recently there has been a growing awareness among clinicians, teachers, juvenile court authorities, parents and others that youth heavily involved with illicit drugs have multiple problems associated with that involvement. This awareness suggested that an adolescent assessment/referral system should target a large number of functional areas for evaluation in order that the broadest range of therapeutic options could be considered if optimal treatment plans were to be selected.

On this basis a wide range "problem screen," rather than a "drug screen" only, formed the first logical step in an adolescent assessment-referral process. As no multiple problem screen suitable for adolescents was available, such a tool had to be designed.

The second logical step in the process required more in-depth assessment if each individual teenager was to be matched to a comprehensive program that was most appropriate. To meet this demand, diagnostic instruments related to each functional area represented on the multiple problem screen had to be identified.

Finally, what appeared to be the third logical step in an assessment-referral process, that is providing specific recommendations for matching diagnostic profiles with different therapeutic programs, proved unwise at this point in time. Any such prescription would, at most, be based on insufficient scientific evidence. However, "matching" teenagers to the best program requires that one has access to clinically useful information about the widest variety of adolescent services. As existing directories appeared too narrow in scope, suggestions on materials to be included seemed appropriate.

Following is a summary of the work that has so far been accomplished in the development of what has come to be known as the **ADOLESCENT ASSESSMENT/REFERRAL SYSTEM:**

Identification of all possible functional areas which the literature and clinical practice suggest are most affected by or associated with an adolescent's drug abuse, and the selection of an Expert Clinician Researcher in each identified functional area.

*Development of the **PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS (POSIT)** through Expert Clinician Researcher nomination of 10 to 20 problem screening items related to the functional area in which he or she is an expert. They were also asked to assist in the development of a scoring system for the **POSIT**, with scores to be based on their clinical judgement.*

*Compilation of the **COMPREHENSIVE ASSESSMENT BATTERY** through Expert Clinician Researcher nomination of one or two state-of-the-art assessment instruments in his or her area of expertise. They also provided references to support each instrument's psychometric properties and clinical utility.*

Construction of the Guide to the preparation of a ***DIRECTORY OF ADOLESCENT SERVICES****, the Guide's materials developed through a survey of available treatment, rehabilitation, and education directories, and through contact with the Expert Clinician Researchers, national professional associations, and accrediting organizations.*

Review of the prototype ***ADOLESCENT ASSESSMENT/REFERRAL SYSTEM*** *by Expert Clinical Practitioners, convened to critique and suggest revisions.*

Pretest of the ***POSIT*** *on teenage focus groups in order to review wording, understandability, and acceptability of screening items.*

Pretest of the ***POSIT*** *on approximately 1000 adolescent abusers and non-abusers in order to assess the ability of the* ***POSIT*** *scores to distinguish between these two groups of adolescents.*

Translation of the ***POSIT*** *into Spanish.*

The work to date has resulted in a prototype of the **ADOLESCENT ASSESSMENT/REFERRAL SYSTEM** which is presented in the *Manual.* A three-year field study currently underway will establish the validational and psychometric properties necessary to allow components of the **SYSTEM** to fully realize their potential as tools for adolescent alcohol and other drug abuse treatment planning.

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ROSTER OF CONTRIBUTORS

The National Institute on Drug Abuse gratefully acknowledges that the contents of the ADOLESCENT ASSESSMENT/REFERRAL SYSTEM depended heavily on the professional experiences, contributions, and thoughtful critiques of many Expert Clinical Researchers and Expert Clinical Practitioners concerned with the well-being and treatment of troubled adolescents.

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It is with great sorrow we note that, due to their untimely passing, Janice Levy and Arturo Rio will not see how their valuable contributions for the development of the ADOLESCENT ASSESSMENT/ REFERRAL SYSTEM materialized in the form of this Manual. Both of these well respected clinicians will be sorely missed.

CHAPTER 1
INTRODUCTION

In recent years, the problem of adolescent alcohol and other drug abuse has received unprecedented attention, and has become a major public health priority. Over the past two decades, the number and diversity of youth substance abuse prevention, intervention and treatment programs have increased dramatically. Although some progress appears evident in the overall downward trend in adolescent substance use and abuse, the majority of American youth are still experimenting with alcohol and other drugs, and a significant percentage will progress to serious involvement and associated problems. The relationship between adolescent drug abuse and transmission of HIV increases the urgency of the search for solutions to the adolescent substance abuse problem.

At present, family, friends, and professionals who initially identify youth suspected of using illicit drugs have difficulty specifying not only the adolescent's level of involvement, but detecting problems in other functional areas frequently associated with heavy drug use. Often there is insufficient information upon which to decide which single program or combination of services could provide effective help. Thus, the development of a systematic assessment and referral system for adolescents is timely.

Ideally the components of such a system should include a reliable procedure for initially identifying the troubled adolescent, a problem screening tool by which to detect any drug-related problems, a diagnostic procedure comprehensive enough to describe all the problems an individual is facing, a compendium of specific therapeutic suggestions from which the most effective comprehensive program for each individual can be selected, and a directory of all available and accessible adolescent services to which the adolescent would be referred once an optimal plan was chosen.

Although these components make up a rational sequence, the **ADOLESCENT ASSESSMENT/ REFERRAL SYSTEM (AARS)**, conceived in response to immediate professional and community needs, is somewhat more humble in scope.

The components of the **AARS** include:

*A problem screening tool, the **PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS (POSIT)** represented herein in its first stage of development, and a **CLIENT PERSONAL HISTORY QUESTIONNAIRE (CPHQ)**, by which to gather all necessary background information.*

*A diagnostic battery, the **COMPREHENSIVE ASSESSMENT BATTERY (CAB)** composed of state-of-the-art assessment instruments and procedures.*

*A Guide to the preparation of a **DIRECTORY OF ADOLESCENT SERVICES (DIRECTORY)** which presents a structured, step-by-step procedure to identify, evaluate, and catalogue existing local or regional treatment and rehabilitative services for troubled adolescents.*

Utilization of the **AARS** provides a cost-efficient method by which to accomplish the following important goals in the field of adolescent substance use and abuse:

The **AARS** provides a minimally intrusive tool by which to screen for a wide variety of drug-related problems in adolescents suspected of substance abuse.

The **AARS** provides the tools by which to assess the nature and extent of illicit drug use, thus aiding in the establishment of standardized criteria for a

diagnosis of chemical dependency and abuse in adolescents.

The **AARS** provides the tools by which to assess the nature and extent of problems in other functional areas that tend to complicate, or are the consequence of drug abuse. Because the **AARS** does not assume that drug abuse is the single or primary problem of a troubled youth, problems other than drug abuse can be identified and dealt with more appropriately in planning treatment.

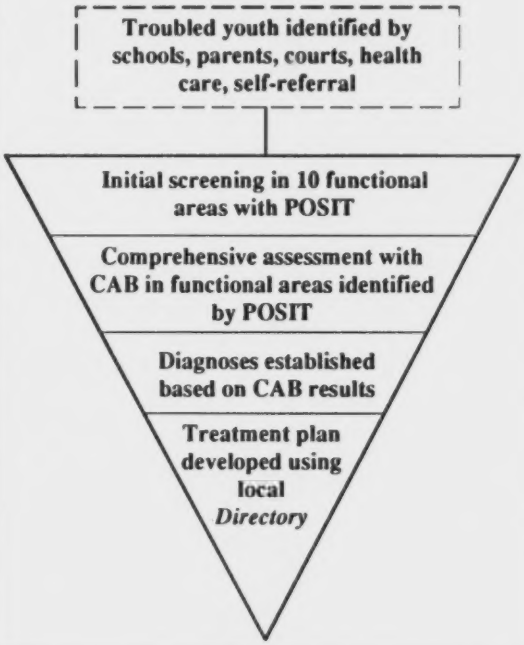
The **AARS** can be used in a variety of settings including schools, physical and mental health care facilities, social service agencies, and correctional institutions, and can be used by practitioners with varying backgrounds and qualifications.

Lastly, it is extremely important to note that within the **AARS**, *no attempt has been made to suggest one type of treatment rather than another*. Rather, the responsibility for planning the most appropriate therapeutic program remains with the referral agent, case manager, or actual treatment provider, using information about each individual adolescent obtained from the **POSIT** and **CAB** and information about all available treatment resources obtained from the **DIRECTORY**.

CHAPTER 2
STRUCTURE AND FUNCTION OF THE ADOLESCENT ASSESSMENT-REFERRAL SYSTEM

The **ADOLESCENT ASSESSMENT/ REFERRAL SYSTEM** contains tools related to three basic steps in the referral process: 1) the **PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS**, to be completed with the **CLIENT PERSONAL HISTORY QUESTIONNAIRE**; 2) the **COMPREHENSIVE ASSESSMENT BATTERY**; and the 3) the **DIRECTORY OF ADOLESCENT SERVICES**. The **AARS** provides a cost-efficient method or system by which a case manager or referral agent can gather sufficient information upon which to plan therapeutic and/or rehabilitative activities for adolescents, 12 through 19 years of age. Because the **AARS** is based on a Holistic Health Care model, ten functional areas related to the use of illicit drugs are represented in each component of the **AARS**. Accordingly, extensive information about each troubled youth can be gained through the stepwise utilization of each component part of the **AARS**. All planning can be individualized thereby maximizing the chance for a successful outcome.

FIGURE 1:
STRUCTURE OF THE AARS


Troubled youth identified by schools, parents, courts, health care, self-referral
Initial screening in 10 functional areas with POSIT
Comprehensive assessment with CAB in functional areas identified by POSIT
Diagnoses established based on CAB results
Treatment plan developed using local Directory

The ten potentially problematic functional areas represented in each component of the **AARS** - the **POSIT**, **CAB**, and **DIRECTORY** - are as follows:

Substance Use/Abuse
Physical Health Status
Mental Health Status
Family Relations
Peer Relations
Educational Status
Vocational Status
Social Skills
Leisure and Recreation
Aggressive Behavior and Delinquency

As can be seen in Figure 1, the first step in treatment planning is the initial identification of troubled youth. Such identification might be made by school staff (perhaps because of a disciplinary referral or an unexplained drop in academic performance), by a parent (who may be concerned by increasingly erratic behavior), by court personnel (as a result of a driving-while-impaired arrest), by health care providers (who may recognize signs or symptoms of substance involvement), or by other human service providers. Again, it is noted that the **AARS** does not specifically address this step, but is intended for use ***AFTER*** a troubled youth has come to someone's attention.

The second step in treatment planning is use of the **PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS** along with the **CLIENT PERSONNEL HISTORY QUESTIONNAIRE**.

The **POSIT** is composed of 139 yes/no items, with ten or more randomly mixed items representing each of the ten functional areas addressed throughout the **AARS**. The **POSIT** is designed to flag those functional areas, if any, *where a problem MAY exist* that requires further assessment and perhaps treatment. This point bears emphasis. A **POSIT** score exceeding the cut-off in any given functional area simply indicates that problems *MAY* exist in that area. Such scores CANNOT ALONE BE TAKEN AS INDICATIONS that a problem does, in fact, exist.

Because the **POSIT** has not yet been extensively field-tested, and reliability and validity have not yet been established through scientifically based studies, scores derived from the version of the **POSIT** presented in the *Manual* must be viewed with caution.

The **CLIENT PERSONAL HISTORY QUESTIONNAIRE** requests basic demographic information, and basic information concerning school performance, health care utilization, juvenile justice contacts, and contacts with the mental health system. The **CPHQ** also lists 40 stressful life events which may be used to profile the current level of stressors in the adolescent's life and environment.

Copies of the **POSIT** and **CPHQ** in both English and Spanish are provided at the end of this manual and may be copied without permission.

The third step in treatment planning is the use of assessment tools from the **COMPREHENSIVE ASSESSMENT BATTERY (CAB)** to further explore those potential problem areas identified by the **POSIT** (Figure 1). The **CAB** includes reliable, validated instruments and interview procedures recommended for use in order to evaluate the adolescent's status in any of the ten functional areas that might be flagged on the **POSIT**. To maximize the cost-efficiency of the assessment process, the **CAB** should be applied *only* in those functional areas flagged by the **POSIT**. In this way, the most expensive and time consuming assessments included in the **CAB** are applied only to those adolescents for whom useful treatment planning information is likely to be revealed.

Based on the results of one or more **CAB** assessments, a comprehensive profile of the functional areas in which an adolescent is experiencing problems can be established (step four).

The fifth and final step is the development of an individualized treatment plan based on the diagnostic profile provided by the **CAB**. Here the locally developed **DIRECTORY OF ADOLESCENT SERVICES** can be used to select the most appropriate agency or agencies to which to refer each adolescent.

Because the **CLIENT PERSONAL HISTORY QUESTIONNAIRE, COMPREHENSIVE ASSESSMENT BATTERY** and the Guide to the preparation of a **DIRECTORY OF ADOLESCENT SERVICES** are completed components, each is immediately available to use in clinical practice or as part of a research protocol. As noted, the **POSIT** has not been validated at the time of this writing, and should be used with extreme caution. In research currently underway, the diagnostic instruments and interview procedures which comprise the **COMPREHENSIVE ASSESSMENT BATTERY** are being used to establish the concurrent validity of the **POSIT** and to develop empirically derived cutoff scores for each functional area.

CHAPTER 3
PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS

OVERVIEW OF THE POSIT

The **PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS (POSIT)** is designed to identify problems *in need of further assessment* in the ten functional areas addressed by the **AARS**. "Further assessment" refers to an in-depth assessment of identified functional areas using the instruments recommended in the **COMPREHENSIVE ASSESSMENT BATTERY** (Chapter 4). *Adequate, in-depth assessments are not possible with the use of the POSIT only. The POSIT simply points out areas where problems may exist.*

Users of the **POSIT** and the **POSIT** scoring system presented in the *Manual* must be aware of two important *limitations*:

The **POSIT** and the **POSIT** scoring system are based on expert clinical judgement. *Neither have been field-tested, and reliability and validity have not yet been established through scientific studies.* Any scores derived from administering this version of the **POSIT** *may* be useful in clinical decision making, but must be viewed with caution.

The **POSIT** scoring system is *very conservative*. That is, a **POSIT** score might indicate the need for further assessment even if there is a low probability that a severe problem exists in that given functional area. Consequently, the fact that a particular score by itself meets the **POSIT** criterion for "further assessment" can not, by itself, be taken as an indication that a problem will be shown to be severe enough *after diagnostic assessment* to require further treatment.

Preliminary data on the **POSIT** which illustrate these points are presented at the end of this chapter.

MATERIALS

The version of the **POSIT** presented in the *Manual* consists of an eight-page questionnaire containing 139 yes/no items. Adolescents record their responses directly on the **POSIT** form. Both English and Spanish versions are provided.

The **POSIT** scoring kit consists of **POSIT** Scoring Sheets and a set of reusable scoring templates. These templates indicate the functional area to which each item belongs, and the interpretation that can be given to a "yes" or "no" response to that item. Because the items for each of the ten functional areas addressed in the **POSIT** have been fully randomized, it is extremely difficult to score the **POSIT** without using the templates. Template 1 is used to score the first four pages of the **POSIT** and Template 2 is used to score the last four pages. As the scores are counted for each page, they can be transferred to a **POSIT** Scoring Sheet.

English and Spanish scoring templates for the **POSIT** are provided at the end of the *Manual*. To use them, they must be copied onto transparency stock. They may then be used to score as many **POSITS** as is required. Also in the back of the *Manual* is a copy of the **POSIT** Scoring Sheet. This sheet should be copied onto plain paper. One scoring sheet is required for each **POSIT** scored.

THE LOGIC OF POSIT SCORING

In order to understand how the **POSIT** is scored, it is necessary to understand the types of items the **POSIT** contains. It will be helpful to have a copy of the **POSIT** and the clear plastic scoring templates in front of you as you read the following discussion.

The items in the **POSIT** are of three types:

GENERAL PURPOSE ITEMS - Each item contributes one point to the total risk score for a functional area. The letter printed on the scoring template indicates which functional area is addressed and whether a "yes" or a "no" response is high risk and is therefore to be assigned the point. Some items contribute a point to more than one functional area. These items are identified by the presence of more than one letter on the scoring template.

GENERAL PURPOSE AGE RELATED ITEMS - Each age related item is similar to the general purpose items *except* that it will only be scored depending on whether the adolescent is over or under 16 years of age. The scoring templates indicate which items are age-related through a *light* grey screen, and indicate the age range (over or under 16 years) for which the item should be counted (e.g., "16+").

RED-FLAG ITEMS - These are items which *alone* indicate the need for further assessment. That is, if an adolescent gives the high risk response to *any* red flag item for a given functional area, he or she should be assessed further in that functional area. The scoring templates indicate which items are red flags through a *dark* gray screen and the notation, "RF."

The Expert Clinician Researchers who designed the **POSIT** have assigned a cut-off score for each functional area. Each cut-off score (e.g., 4 points for Mental Health Status) refers to the number of points assigned to an adolescent from responses to the *general purpose* and *general purpose age related* items that indicate a need for further assessment. If a high-risk response is given for *any* of the red flag items in a functional area, further assessment is indicated independent of the number of points assigned to that functional area. In two functional areas -- Substance Use/Abuse and Peer Relations -- *all* of the items are red flags. Thus the cut-off score for each of these functional areas is one.

The assigned cut-off score for each functional area is given in Table 1.

TABLE 1
CUT-OFF SCORES FOR POSIT

FUNCTIONAL AREA	CUT-OFF
Substance Use/Abuse	1 point*
Physical Health Status	3 points
Mental Health Status	4 points
Family Relationships	4 points
Peer Relations	1 point*
Educational Status	6 points
Vocational Status	5 points
Social Skills	3 points
Leisure and Recreation	5 points
Aggressive Behavior/ Delinquency	6 points

*All items are red flags

PRELIMINARY DATA ON THE **POSIT**

In order to obtain a preliminary assessment of the adequacy of the current **POSIT** items to tap problem areas, and the assigned **POSIT** scoring system to discriminate, even to a modest degree, between a group of youth with some evidence of problems and a group of youth with as yet little or no evidence, NIDA administered the **POSIT** to 633 junior and senior high school students and 216

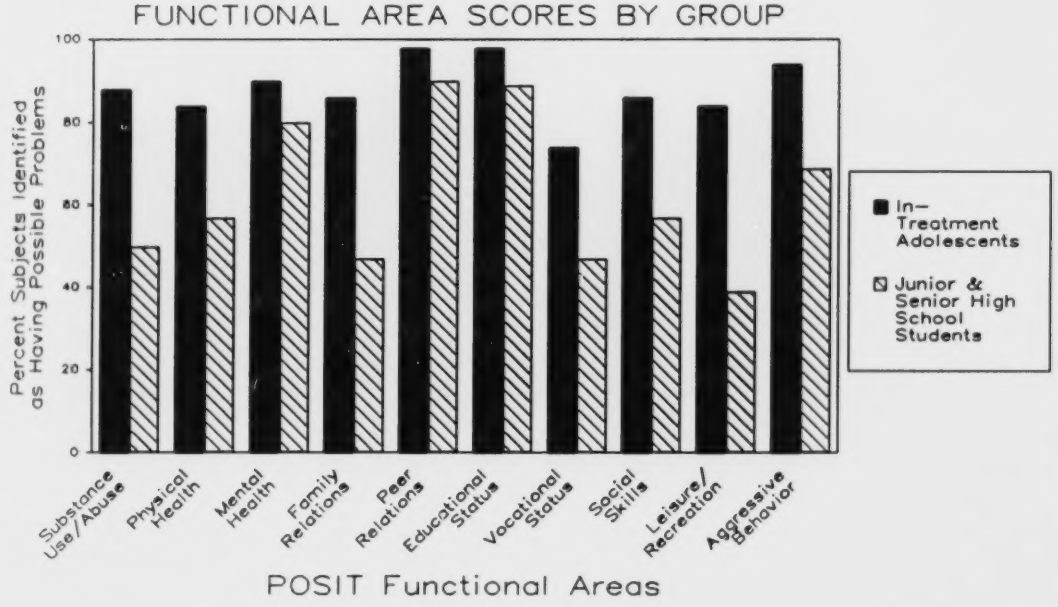
adolescents in substance abuse treatment. For each adolescent, **POSIT** scores in all ten functional areas were computed using the assigned scoring system described above.

Figure 2 presents the percentage of school students and in-treatment adolescents who were identified as having a potential problem in one or more of the ten **POSIT** functional areas. "Identified as having a possible problem" means that the adolescent exceeded the cut-off and/or endorsed a red flag item for that functional area, as defined by the aforementioned scoring system.

Second, however, it is also clear that many of the school students were identified as having possible problems in each of the ten functional areas. For example, although almost 90 percent of the in-treatment adolescents were identified as having a possible problem in the Substance Use/Abuse functional area, almost 50 percent of the school students were identified as having possible problems in this functional area as well. In Mental Health Status, Peer Relations, and Educational Status, over 80 percent of the school students were identified as having possible problems in these functional areas. Of course, it is not clear what problems the

FIGURE 2

FUNCTIONAL AREA SCORES BY GROUP



At least two conclusions can be drawn from the data in Figure 2. First, the current **POSIT** items and the clinically derived scoring system successfully discriminate between adolescents in treatment and adolescents drawn from a school population. In every functional area, more in-treatment adolescents than students were identified as having a possible problem in the functional area. Moreover, all of these differences are statistically significant. Some of them are quite dramatic. This result suggests that the current **POSIT** and scoring system have some validity.

school students may actually be having. However, on the face of it, these numbers seem too high.

As noted earlier, the **POSIT** cut-off scores were designed to be very sensitive to detecting problems when they are present. This sensitivity results in at least some "false alarms." Thus, the assigned **POSIT** scoring system may be *too* sensitive -- that is, results in too many false alarms. ***This fact must be kept in mind if the POSIT and assigned scoring system are to be used in actual clinical practice.***

ADMINISTERING THE **POSIT**

It is extremely important that adolescents feel free to answer all of the questions on the **POSIT** honestly. Instructions for the **POSIT** stress that the responses adolescents give will be used to *help the adolescent.* This point should be reiterated and stressed in verbal instructions. The **POSIT** administrator should stay with the adolescent to define words that the adolescent does not understand, and may read the **POSIT** to youth who cannot read. However, an effort should be made to indicate that the administrator is not "watching over" the adolescent.

Before scoring a completed **POSIT**, look it over to make sure that all the questions have been answered. If items are missing, point this out to the adolescent, and give him/her an opportunity to respond to the missing items. If he/she refuses, leave the item blank.

SCORING THE **POSIT**

Two sets of scoring templates are provided at the end of the *Manual* -- one for scoring the English **POSIT** and one for scoring the Spanish **POSIT**. *These templates are different. Make sure you use the correct template.* Otherwise, scoring individual items on the English and Spanish **POSITS** is identical.

The first four pages of the **POSIT** are scored using Template 1. Place Template 1 over the first page of the **POSIT** such that the first column of the template covers the response options (yes - no). Note that next to the response options for Item 1 of the **POSIT**, the template indicates that this question relates to Functional areas C (Mental Health) and F (Educational Status). Note also that there is a dark grey screen over the yes-no response options. This indicates that Item 1 is a red flag item. In this case, as indicated on the template (*RF F only), the item is a red flag for Functional area F only.

The high risk response is indicated by a circle on the template. For Item 1, the high-risk response is "Yes." This means that if the adolescent has put an "X" through "Yes" for this question, further assessment is needed in Functional area F (Question 1 is a red flag in this functional area). A "Yes" response also means that *one point* should be counted for Functional area C.

Now look at Item 2. The template indicates that this question relates to Functional area J (Aggressive Behavior/Delinquency) and that the high-risk response is "Yes." This means that if the adolescent has put an "X" through "Yes" for Item 2, one point should be counted for Functional area J.

Scoring proceeds down the first column of Template 1 until all of the questions on the first page of the **POSIT** have been scored. Now, the second column of Template 1 is used to score the second page, the third column for the third page, and the fourth column for the fourth page. To score Page 5-8 of the **POSIT**, the four columns of Template 2 are used.

Points and red flags for each page of the **POSIT** are tallied using the **POSIT** Scoring Sheet. The eight columns of the Scoring Sheet correspond to the eight pages of the **POSIT**. The ten rows of the Scoring Sheet correspond to the ten functional areas. For each page of the **POSIT**, indicate the number of points scored in each functional area. For example, if two points are scored for Functional area I (Leisure and Recreation) on Page 1, enter a "2" in the Functional area I row for page 1 on the **POSIT** Scoring Sheet. If the high-risk response is given for *any* red flag item in a functional area on a given page, enter "RF" in the row for that functional area.

If a general purpose item is *age-related*, count a point for a high risk response *only for the age group indicated on the template.* If an item is *blank* (i.e., the adolescent has refused to respond), treat the item as though a high-risk response had been given. However, the fact that items are missing will lessen the utility of **POSIT** scores for that individual, and should be noted in the Scorers Comments section on the **POSIT** Scoring Sheet.

If a given page has *no* items in a functional area, the appropriate box on the **POSIT** Scoring Sheet is blacked out. For example, there are no items related to Functional area B (Physical Health Status) on the fifth page of the **POSIT**. Thus, the box for Functional area B in the column for the fifth page is blacked out.

When all of the pages have been scored, total the points for each functional area in the "TALLY" column of the **POSIT** Scoring Sheet. If *any* red flags have been recorded for a functional area, enter "RF" in the "TALLY" column. The total points for each functional area may then be compared to the cut-off score noted above for each functional area.

If an adolescent exceeds the cut-off score or endorses one or more red flag items in a given functional area, a problem *MAY* exist. However, the only way to determine if a problem *DOES* exist is to conduct a further assessment in the identified functional area using the appropriate assessment tool(s) from the **COMPREHENSIVE ASSESSMENT BATTERY (CAB)**.

POSIT
Functional Areas

A. Substance Use/Abuse
B. Physical Health Status
C. Mental Health Status
D. Family Relationships
E. Peer Relations
F. Educational Status
G. Vocational Status
H. Social Skills
I. Leisure and Recreation
J. Aggressive Behavior/Delinquency

CHAPTER 4
COMPREHENSIVE ASSESSMENT BATTERY

The **COMPREHENSIVE ASSESSMENT BATTERY** addresses the same ten functional areas represented in the **POSIT**. The **CAB** instruments should only be used *when the **POSIT** has indicated that a possible problem may exist in a given functional area.* Uncritical application of the **CAB** instruments without reference to **POSIT** scores will unnecessarily burden adolescents and their families, and will result in a significant waste of time, energy, and money.

The instruments included in the **COMPREHENSIVE ASSESSMENT BATTERY** were selected based on the recommendations of national experts in adolescent assessment and treatment. In almost all cases, the instruments which comprise the **CAB** have been psychometrically validated on adolescents and have proven their utility in clinical settings. Where possible, instruments were selected that are readily available and that can be administered and scored with a minimum of training.

Table 2 presents the recommended assessment tools for each of the ten functional areas addressed by the **AARS**. The following sections provide descriptions of the instruments, along with information on how to obtain them, administration time, and cost. At the end of each description, key references are provided.

TABLE 2:
COMPREHENSIVE ASSESSMENT BATTERY TOOLS

FUNCTIONAL AREA	ASSESSMENT TOOL(S)
Substance Use/Abuse	*Personal Experience Inventory* (PEI) *Adolescent Diagnostic Interview* (ADI)
Physical Health Status	Physical examination and lab work *Physician Report Form**
Mental Health Status	*Diagnostic Interview Schedule for Children* (DISC-2.1C) *Brief Symptom Inventory* (BSI-53)
Family Relationships	*Family Assessment Measure* (FAM) *Parent Adolescent Relationship Questionnaire* (PARQ)
Peer Relations	*Piers-Harris Self-Concept Scale* *Behavior Problem Checklist*
Educational Status	*WAIS-R, WISC-R* *Woodcock-Johnson Psychoeducational Test Battery*
Vocational Status	*Career Maturity Inventory* (CMI) *Generalizable Skills Curriculum*
Social Skills	*Social Skills Rating System* (SSRS) *Matson Evaluation of Social Skills with Youngsters* (MESSY)
Leisure and Recreation	*Leisure Diagnostic Battery, Physical Activity Assessment** *Social Adjustment Inventory for Children and Adolescents* (SAICA)
Aggressive Behavior/ Delinquency	*Youth Self-Report of the Child Behavior Checklist* (YSR) *National Youth Survey Delinquency Scale*

*Developed for AARS

FUNCTIONAL AREA I: SUBSTANCE USE/ABUSE

Tools:

Part I of the Personal Experience Inventory (PEI)
Part II of the Personal Experience Inventory (PEI)
Adolescent Diagnostic Interview (ADI) available July 1991

Administration Time:

Part I of the PEI: 20-25 minutes
Part II of the PEI: 20-25 minutes
ADI: 40-50 minutes

Source for PEI and ADI:

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025
(213) 478-2061 or (800) 222-2670

Cost:

PEI: $10-$17 per test depending on volume
ADI: $6-$9 per test depending on volume

Translations:

The PEI is available in French, and efforts are underway to translate it into Spanish.

The PEI and ADI, developed by a consortium of Minnesota Chemical Dependency service providers comprise a comprehensive, clinically standardized set of assessments. This assessment is designed to measure adolescent substance involvement, psychosocial problems often associated with that involvement, and diagnostic signs and symptoms. The PEI and ADI are intended to provide professionals with a reliable and valid report for the identification, referral, and treatment of teenage alcohol and drug abuse.

The PEI is a self-report instrument for 12-18 year olds written at a sixth grade reading level. An effort has been made to construct short-sentence items and to avoid complicated double negatives. The PEI, which contains 33 scales, has been normed on both chemical dependency treatment center adolescents and high school student populations. Percentile and T-score norms based on nearly 2,000 adolescents are provided by age and sex. A user's manual and computerized scoring and interpretation reports are available.

The PEI is divided into two primary sections: chemical use problem severity and psychosocial risk factors. The Problem Severity section (Part I) measures 10 scales associated with drug abusive- and drug dependent-like characteristics such as personal consequences, social benefits, and loss of control. Also included is a detailed overview of drug use history and onset, and faking-good and faking-bad scales. The Psychosocial section (Part II) consists of eight scales that measure personal risk factors (e.g., negative self-image, deviant behavior) and four scales addressing environmental risk factors (e.g., peer chemical use). This section also includes six clinical problem screens, such as physical and sexual abuse, and another pair of faking-good and faking-bad response distortion scales.

Research on the PEI provides extensive evidence for the scales' reliability (internal consistency and test-retest) and construct validity (with respect to clinical diagnoses, treatment referral decisions, group status, MMPI scale scores, and other alternate measures of problem severity and psychosocial risk factors).

The ADI primarily covers DSM-III-R symptoms of psychoactive substance use disorders. The interview follows an easily administered structured

format that reviews the adolescent's drug use history and signs of abuse or dependence for each of the major drug categories. Also included are measures of level of functioning and psychosocial stressors. Research on the ADI suggests high inter-rater agreement and temporal stability of diagnoses. In addition, ADI diagnoses are related to drug use frequency, self-report measures of problem severity, and independent clinical diagnostic decisions.

Information derived from the ADI can be used to supplement that obtained from the PEI, or may be used as the sole assessment in the Substance Use/ Abuse functional area if the adolescent is unable to take the PEI (e.g., is unable to read or comprehend it).

Key references

Henly, G.A., and Winters, K.C. Development of problem severity scales for the assessment of adolescent alcohol and drug abuse. *The International Journal of the Addictions*, 23:65-85, 1988.

Henly, G.A., and Winters, K.C. Development of psychosocial scales for the assessment of adolescent alcohol and drug involvement. *The International Journal of the Addictions*, 24:973-1001, 1989.

Winters, K.C., and Henly, G.A. *Personal Experience Inventory test and manual*. Los Angeles: Western Psychological Services, 1989.

Winters, K.C., and Henly, G.A. *Adolescent Diagnostic Interview schedule and manual*. Los Angeles: Western Psychological Services, in press.

FUNCTIONAL AREA II: PHYSICAL HEALTH STATUS

Tools:

Physical Examination and Lab Work
Physician Report Form

Administration Time:

30 minutes

Source:

The Physician Report Form appears at the back of the *Manual*

Cost:

Variable depending on local health care costs and lab tests ordered

Although the use of illicit drugs and alcohol among adolescents does not usually lead to the organ system damage sometimes observed in adult abusers (e.g., liver cirrhosis, cardiomyopathy), such conditions are not unknown. Perhaps more important is the fact that the lifestyle of the chronic drug user increases the risk for accidental injury, infection (especially sexually transmittable diseases), unwanted pregnancy, malnutrition, and physical and sexual abuse. A variety of medical complications may also develop as the direct result of intravenous drug use, as well as drug inhalation and ingestion.

Because not all physicians feel competent to comprehensively evaluate an adolescent with possible substance abuse problems, a Physician Report Form has been prepared by adolescent medicine specialists at the Johns Hopkins University School of Medicine. This form can guide the physician in history taking, conducting the physical examination, and ordering lab work. The form can also be used as a vehicle for reporting findingsto a case manager or treatment provider. The Physician Report Form appears at the end of the *Manual*, and may be copied without permission.

Health care professionals are strongly advised to be informed of their legal responsibilities with respect to obtaining, using, and disseminating the information obtained from a health status examination. This is especially relevant regarding HIV testing, pregnancy testing, and other aspects of the examination where patient confidentiality and public health considerations are factors influencing medical management.

Key References

Litt, I.F., and Cohen, M.I. The drug-abusing adolescent as a pediatric patient. *Journal of Pediatrics*, 77(2):195-202, 1970.

Litt, I.F., and Schonberg, S.K. Medical complications of drug abuse in adolescents. *Medical Clinics of North America*, 56(6), 1975.

A Guide for BCHS Supported Programs and Projects. Adolescent Health Care, DHEW Publication No. (HSA) 79-5234, 1980. U.S. Government Printing Office, Stock No. 017-026-00083-6.

FUNCTIONAL AREA III: MENTAL HEALTH STATUS

Tools:

Diagnostic Interview Schedule for Children (DISC 2.1C)
Symptom Checklist-90-R (SCL-90)
Brief Symptom Inventory (BSI)

Administration Time:

DISC 2.1C: 60-90 minutes
SCL-90: 15 minutes
BSI: 10 minutes

Source for DISC 2.1C:

Joanna Lapkin
DISC 2.1C Administrator
College of Physicians and Surgeons
Columbia University
722 West 168th Street
New York, NY 10032
(212) 960-2548

Source for SCL-90 and BSI:

Clinical Psychometric Research, Inc.
P.O. Box 619
Riderwood, MD 22139
1-800-245-0277
In Maryland, 1-301-321-6165

Cost:

DISC 2.1C: Free of charge with permission of author
SCL-90 and BSI: Manual - $18.00; SCL-90-R Test Forms (pkg of 100) - $25.00

Translation:

DISC 2.1C: Spanish and French translations are underway.

SCL-90: Afrikaans, Arabic, Chinese, Danish, French, Dutch, Finnish, German, Hebrew, Hmong, Indian, Italian, Japanese, Korean, Filipino, Portuguese, Samoan, Spanish, Swedish

BSI: Arabic, French, Hindi, Italian, Polish, Portuguese, Spanish, Vietnamese

Psychiatric problems are prevalent among substance abusers. Emotional disturbance can be a primary etiologic factor leading to drug use or develop consequential to use. Not uncommonly, a pattern of drug abuse is initiated to offset negative mood states associated with depression and anxiety. Once substance abuse behavior becomes habitual, the emotional disturbances which originally triggered the substance use may be obscured by the more visible drug related problems. Thus, it is essential to systematically and comprehensively evaluate mental health status in most substance abusing youth.

Two parallel strategies are recommended in order to fully document psychiatric status and history -- a structured psychiatric interview and a symptom checklist.

Structured Psychiatric Interview

The Diagnostic Interview Schedule for Children - Revised (DISC 2.1C) records in systematic fashion symptoms that are currently present, symptoms that had their onset in the prior six months, and symptoms occurring at any time in the adolescent's life. A particular advantage of the DISC 2.1C over other structured interviews is that it can be administered by individuals with limited clinical skill or experience. The DISC 2.1C is administered by asking the questions exactly as printed and recording the responses on a standard recording form.

Table 3 summarizes the DSM-III Axis I diagnoses covered by the DISC 2.1C. Included are affective, anxiety, and attention deficit disorders, plus less common problems such as schizophrenia and Tourette's Syndrome. The DISC 2.1C also includes an assessment of alcohol and drug use/dependence. However, because these diagnoses are more comprehensively covered in the ADI (see page

11), users of both assessments may choose to eliminate this section of the DISC 2.1C.

Table 3

Diagnostic Categories Included in the DISC

Bipolar Affective Disorder	Anorexia Nervosa
Major Depression	Bulimia
Cyclothymic Disorder	Gender Identity
Anxiety Disorder-Avoidant	Tourette's Syndrome
Anxiety Disorder-Overanxious	Oppositional Disorder
Anxiety Disorder-Separation der	Pervasive Dev. Disor-
Obsessive-Compulsive	Encopresis
Panic	Enuresis
Phobia	Schizophrenia
Attention Deficit	Alcohol Abuse
Conduct Disorder	Drug Abuse

Diagnostic Categories Not Included in the DISC

Adjustment Disorder	Schizoaffective
Generalized Anxiety	Schizoid Disorder
Sleep Disorder	Personality Disorders (Axis II)

Symptom Checklists

As an adjunct to the DISC 2.1C, or where it is not possible to conduct the DISC 2.1C, the self-report Symptom Checklist-90 (SCL-90) can be used to document psychopathology. While this type of evaluation is not a *substitute* for a comprehensive and objective structured interview, quantification of psychiatric symptoms using a self-report questionnaire can provide useful information about the presence and severity of mental and behavioral disturbances.

The adolescent version of the SCL-90-R affords the opportunity to efficiently measure the severity of mental and behavioral disturbance across multiple dimensions. In addition to scores yielding a Global Severity Index, Symptom Distress Index, and total Positive Symptoms, this self-administered rating scale also contains scales measuring somatization, obsessive compulsive neurosis, interpersonal sensitivity, depression, anxiety, hostility, phobia, anxiety, paranoid ideation and psychoticism.

The Brief Symptom Inventory (BSI) is a modification of its longer parent instrument, the SCL-90-R. It reflects the same 9 symptom dimensions and 3 global indices as the SCL-90-R. However, the BSI is comprised of 53 items instead of 90. Psychometric studies suggest that the BSI is an acceptable short alternative to the SCL-90. Both test-retest and internal consistency reliabilities are very good for the primary symptom dimensions of the BSI, and correlations between comparable dimensions of the BSI and SCL-90-R are quite high.

Key References

Costello, A., Edelbrock, C., Dulcan, M., Kalas, R., and Klaric, S. (1984). *Final Report to NIMH on the Diagnostic Interview Schedule for Children* (Unpublished manuscript).

Costello, A. Structured interviewing for the assessment of child psychopathology. In J. Noshpitz (Editor), *Basic Handbook of Child Psychiatry: Advances and New Directions*. New York: Basic Books, 1987.

Derogatis, L., Rickels, K., and Rock, A. The SCL-90 and the MMPI: A step in the validation of a new self-report scale. *British Journal of Psychiatry*, 128:280-289, 1976.

Derogatis, L.R., and Melisaratos, N., The Brief Symptom Inventory: an introductory report. *Psychological Medicine*, 1983, 13, 595-605.

FUNCTIONAL AREA IV: FAMILY RELATIONS

Tool(s):

Family Assessment Measure (FAM) - General, Dyadic, and Self-Rating Scales
Parent-Adolescent Relationship Questionnaire (PARQ)

Administration Time:

FAM: 10-20 minutes for each of three scales
PARQ: 30 minutes

Source for FAM:

Lisa Johnson
FAM Coordinator
Addiction Research Foundation
33 Russell Street
Toronto, Ontario, Canada M5S-2S1
(416) 595-6000, extension 7698

Source for PARQ:

Dwight J. McCall, Ph.D., L.P.C.
Medical College of Virginia
The Forum
Executive Center
10124 W. Broad Street
Suite N
Glen Allan, VA 23060
(804) 662-7172

Cost:

FAM: Test Booklets (reusable) General, Dyadic, or Self-Rating Scale, 35 cents each; Answer Sheets (not reusable) General, Dyadic, or Self-Rating Scale, 35 cents each; Profile Sheets (for Plotting FAM) General, Dyadic, or Self-Rating, 10 cents each; FAM Administration and Interpretation Guide, 25 pages, 1 free copy; Brief FAM, 25 cents

PARQ: Free of charge with permission of author

Translations:

FAM: French (Quebecois), French (Parisian), Spanish, German, Japanese, Hebrew, (Chinese in progress)

PARQ: English only

The organization of the family, patterns of communication, and cohesiveness are well known determinants of the psychosocial adjustment of children. Poor family management, including parental inconsistency, loose family structure, use of harsh physical punishment, lack of praise for doing well, family conflict, and poor family communication patterns have all been associated with increased risk of adolescent alcohol and other drug problems. In chaotic or disturbed families, parents cannot monitor children's behavior, nor can they be expected to do an adequate job of setting expectations and limits, communicating values, or serving as positive role models. Where the family system cannot effectively perform these tasks, the adolescent's potential for assuming socially normative adult roles is diminished.

It is also the case that substance use and abuse is not uncommon among youth from apparently normal, well-adjusted families. Here, the family comprises a major resource and a therapeutic ally for treating the substance abusing adolescent.

Either as a contributing factor or as a therapeutic resource, the family exerts a prime influence on the substance abusing adolescent. The family is, therefore, an important component of the rehabilitative process -- as an agent to assist in behavior change and/or as a system in need of change.

Where one or more members of the adolescent's family are alcohol or other drug abusers, special attention must be paid to the problems that living with such an individual may pose for the adolescent. If the **CLIENT PERSONAL HISTORY QUESTIONNAIRE** indicates that a parent is involved in substance abuse, the assessment should also include a measure of family functioning specifically designed to assess the relationship between the adolescent and the abusing parent.

General Family Assessment

The Family Assessment Measure (FAM) consists of three interrelated instruments which, in combination, provide a comprehensive profile of the functioning of the family unit. Each of the three instruments address seven dimensions: a) Task Accomplishment, b) Role Performance, c) Communication, d) Affective Expression, e) Involvement, f) Control, and g) Values and Norms.

The 50-item General Scale measures the level of health in the family from a systems perspective. In addition to the seven dimensions listed above, the General Scale provides an overall index of family functioning. The 42-item Dyadic Relationship Scale documents the quality of relationship between specific family member pairs. Finally, the 42-item Self-Rating Scale measures the individual's perception of his/her functioning in the family unit.

The FAM, which is available in both paper-and-pencil and computer formats, can be completed without supervision.

Assessment for Families with a Substance Abusing Parent

The Parent-Adolescent Relationships Questionnaire (PARQ) is based on the Acquaintance Description Form developed by Paul Wright for adult partners of chemically dependent people. The PARQ is a self-report instrument that assesses 8 sub-scales: 1) worth dependency, 2) minimization of difficulties, 3) control, 4) unrealistic positive expectations, 5) exaggerated sense of responsibility, 6) rescue orientation, 7) change orientation, and 8) externalization of blame.

As yet, the psychometric properties of the PARQ have not been assessed, and no normative data are available. However, the PARQ represents one of the few assessments specifically designed to assess the problems that may be experienced by adolescents with a substance-involved parent.

Key References

Jacob, T., and Tennenbaum, D. Family Assessment Methods. In M. Rutter, H. Tuma and I. Lann (Editors), *Assessment and Diagnosis of Child and Adolescent Psychopathology*. New York: Guilford Press, 1987.

Skinner, H. Self-report instrument for family assessment. In T. Jacob (Editor), *Family Intervention and Psychopathology: Theories, Methods, and Findings*. New York: Plenum, 1987.

Skinner, H., Steinhauer, P., and Santa-Barbara, J. The Family Assessment Measure. *Canadian Journal of Community Mental Health*, 2:91-105, 1983.

Steinhauer, P. Clinical applications of the process model of family functioning. Canadian Journal of Psychiatry, 29:98-111, 1984.

Wright, P., and Wright, K. Measuring codependents' close relationships: Progress and prospects. *Journal of Substance Abuse*, in press.

Wright, P. The Acquaintance Description Form. In S. Duck and D. Perlman (Eds.), *Understanding Personal Relationships: An Interdisciplinary Approach*. London: Sage Publications, 1985.

FUNCTIONAL AREA V: PEER RELATIONS

Tools:

Piers-Harris Children's Self-Concept Scale
Revised Problem Behavior Checklist

Administration Time:

Piers-Harris: 15-20 minutes
Revised Problem Behavior Checklist: 10-15 minutes

Source for Piers-Harris:

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025
(213) 478-2061 or (800) 222-2670

Source for Revised Problem Behavior Checklist:

Herbert C. Quay, Ph.D.
Donald P. Peterson, Ph.D.
P.O. Box 248074
Coral Gables, FL 33124
(305) 284-5208

Cost:

Piers-Harris: $90 per kit (25 test booklets, profiles, scoring forms, manual)

Revised Problem Behavior Checklist: $30 per kit (50 Checklists, scoring templates, and manual)

Translations:

Piers-Harris: English only

Revised Problem Behavior Checklist: Spanish

The peer group is a well documented and powerful influence on the behavior of adolescents. Although the specific mechanisms that underlie peer conformity are debated, there is likely to be a high level of consistency of behavior (risky or otherwise) within networks of close friends.

Much of the research into peer relations has focused on the *quality* of an adolescent's friendships. Here quality is defined in terms of the number of close friends an adolescent has, his or her perception of acceptance by these friends, the level of "closeness" or bonding the adolescent feels to friends, and so on.

Although issues of friendship quality are clearly of clinical importance -- i.e., an adolescent who lacks close friendship relationships is generally considered to be at higher risk -- they must be considered within the context of the general conventionality or deviance of the specific peers with whom the adolescent associates. An adolescent may have high quality relationships with and be very attached to a deviant (e.g., drug abusing) peer group. In this case, the close attachment to the peer group may be a liability rather than a resource in the treatment and rehabilitation process. Accordingly, a comprehensive assessment in the functional area of peer relations must take into account *both* the quality of peer relations and the conventionality/ deviance of the specific peers (if any) with whom the adolescent associates.

Quality of Peer Relations

The Piers-Harris Children's Self-Concept Scale ("The Way I Feel about Myself") is a well researched and commonly employed measure that provides self-evaluation along a number of dimensions. Among these is a "popularity" dimension that captures, in a simple 12 item sub-scale, a measure of the adolescent's perception of his or her peer

relations. Other sub-scales address general behavior, intellectual and school status, physical appearance and attributes, anxiety, and happiness and satisfaction.

Over the years the Piers-Harris has been used in a wide variety of clinical and research applications with a number of different populations. Reliability and validity assessments of the scale generally suggest that reliability is good and validity is acceptable.

The Piers-Harris total score was normed in the early 1960s on a population of 1,183 4th-12th graders in a single Pennsylvania school district. The manual that accompanies the Piers-Harris suggests that these norms, therefore, be viewed with some caution. The cluster (sub-scale) scores were normed on a sample of 485 public school children whose total scores differed somewhat from those of the original normative sample. These results again dictate caution in the interpretation of the Piers-Harris using the norms provided.

Deviance of the Peer Group

The Revised Problem Behavior Checklist provides, among other measures, an assessment of the deviance orientation of an adolescent's peer group. The Checklist is designed to be completed by a parent, teacher, child care worker, correctional officer, or other adult who knows the adolescent well. Eighty-five behaviors are rated as "not a problem," a "mild problem," or a "severe problem." From these ratings, six sub-scales are derived.

The 17 item Socialized Aggression subscale relates specifically to the deviance of the adolescent's peer group and/or the people the adolescent admires. The remaining five subscales of the Revised Problem Behavior Checklist include Conduct Disorder, Attention Problems-Immaturity, Anxiety-Withdrawal, Psychotic Behavior, and Motor Excess.

The reliability and validity of the Revised Problem Behavior Checklist have been well established. A 1987 *Manual for the Revised Problem Behavior Checklist* includes a description of the development of the scales, data on reliability and validity, and data on teacher, parent, and staff ratings for various normal and clinical samples. Also included are tables to convert raw scores to T scores by sex and grade or age for both normal and seriously emotionally disturbed youth.

Key References

Hagbord, W.J. The Revised Problem Behavior Checklist and severely emotionally disturbed adolescents: Relationship to intelligence, academic achievement, and sociometric ratings. *Journal of Abnormal Child Psychology*, 18:47-53, 1990.

Morrison, D., Mantzicopoulos, P., and Carte, E. Preacademic screening for learning and behavior problems. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28:101-106, 1989.

Piers, E.V. *Piers-Harris Children's Self-Concept Scale: Revised Manual*. Los Angeles, CA: Western Psychological Services, 1984.

Rio, A.J., and Quay, H.C. Factor analytic study of a Spanish Translation of the Revised Problem Behavior Checklist. *Journal of Clinical Child Psychology*, 18:343-350, 1989.

FUNCTIONAL AREA VI: EDUCATIONAL STATUS

Tools:

Woodcock-Johnson Psychoeducational Test Battery
Wechsler Intelligence Scale for Children-Revised (WISC-R)
Wechsler Adult Intelligence Scale-Revised (WAIS-R)

Administration Time:

Woodcock-Johnson: approximately 2 hours
WISC-R: approximately 1 hour
WAIS-R: approximately 75 minutes

Source for Woodcock Johnson:

DLM Teaching Resources
1 DLM Park, P.O. Box 4000
Allan, TX 75002
(214) 727-3346

Source for the WISC-R and WAIS-R:

The Psychological Corporation of Cleveland
Order Service Center
P.O. Box 839954
San Antonio, TX 78283-3954
1-800-228-0752

Cost:

Woodcock-Johnson: $445 ($525 with carrying case)

WAIS-R or WISC-R: $400 for the Complete Set (Includes all necessary equipment, Manual, 25 Record Forms, 25 Supplementary Record Forms, 25 Analysis worksheets and Guides, and Mazes/Coding Booklet, with Attache Case)

Translations:

Woodcock-Johnson: English only
WAIS-R and WISC-R: Spanish (WISC-R adapted for use with hearing impaired)

The coexistence of substance abuse and a pattern of learning disabilities is sufficiently common that a focus on assessing specific learning disabilities will be an important component of treatment planning for many adolescents. No single assessment of learning disabilities currently exists. Rather a diagnosis of learning disabilities is derived from a comparison between *ability* and *performance*.

The Woodcock-Johnson Psychoeducational Test Battery and the Wechsler intelligence scales provide state of the art measurement of ability and performance respectively. Comparison of an adolescents' scores on these two assessments will indicate the need for specialized educational services as part of the overall treatment pian. Deriving a diagnosis of learning disabilities from the Woodcock-Johnson and Wechsler tests generally requires the services of a trained educational psychologist.

The Woodcock-Johnson Psychoeducational Test Battery is designed to measure cognitive abilities, scholastic aptitude, academic achievement, and interest in a diversity of subjects such as reading, mathematics, writing, social studies, science, and physical activities. The Battery, which contains 27 subtests, can be used to identify weaknesses in different educational areas that might require remedial help. Whereas trained, experienced psychologists or educational diagnosticians usually administer, score, and interpret the results of the complete Battery, the Achievement and Interest tests can be administered by special education teachers or trained lay persons.

The Wechsler Intelligence Scale for Children-Revised (WISC-R) is appropriate for individuals age six through sixteen years; the Wechsler Adult Intelligence Scale-Revised (WAIS-R) is suitable for youth sixteen years and over. Both instruments sample similar verbal and nonverbal performance

behaviors that comprise Wechsler's construct of "intelligence." The verbal subtests include: a) factual knowledge, b) comprehension of specific customs and mores, c) vocabulary and abstract conceptualizations, d) performance of computational tasks, and e) auditory recall. The performance subtests include: a) visual discrimination, b) visual memory, c) sequencing, d) visual comprehension, e) identification of relationships, f) non-verbal abstract concept formation, g) spatial relationships, and h) freedom from distractibility.

Key References

Salvia, J., and Ysseldyke, J.W. *Assessment in Special Education, 4th Edition*, Boston, Ma: Houghton Mifflin Co., 1988.

Woodcock, R.W., and Johnson, M.B. *Woodcock-Johnson Psycho-educational Battery*. Allan, Texas: DLM Teaching Resources, 1978.

FUNCTIONAL AREA VII: VOCATIONAL STATUS

Tools:

The Career Maturity Inventory (CMI), Attitude Scale and Competence Test

The Generalizable Skills Assessments in Mathematics, Communications, Relations, and Reasoning (Performance Tests, Student Self-Ratings, Teacher Ratings)

Administration Time for CMI:

Attitude Scale: 30-40 minutes
Competence Test: Approximately 2 hours

Administration Time for Generalizable Skills Curriculum:

Performance Tests:	2-1/2 hours each
Student Self-Ratings:	10-20 minutes each
Teacher Ratings:	10-20 minutes each

Source for CMI:

MacMillan/McGraw-Hill Publishers Test Service
2500 Garden Road
Monterey, CA 93940
(800) 538-9547

Source for Generalizable Skills Curriculum:

Curriculum Publications Clearinghouse
Western Illinois University
Horrabin Hall 46
Macomb, IL 61455
(800) 322-3905 (toll free in Illinois)
(309) 298-1917 (outside Illinois)

Cost:

CMI: $14.60 for a Specimen Set including test booklets, Administration and Use Manual, Theory and Research Handbook, CompuScan Answer Sheet, Career Maturity Profile, and Test Reviewer's Guide. Individual test booklets, Attitude Scale: $46.90/35, Competence Test: $77.35/35. Answer Sheets, CompuScan: $11.50/50, Hand Scorable: $19.50/50.

Generalizable Interpersonal Relations Skills Assessment User Manual: $13.50; Generalizable Reasoning Skills Assessment User Manual: $13.50; Other User Manuals and Resource Directories available. Consult publisher.

Translations:

CMI: English only
Generalizable Skills Curriculum: English only

For many adolescents, entrance into the work force is the next step after high school. Moreover, for all adolescents, the motivation to seek work and earn money reflects an inclination to assume adult roles and strive for autonomy. The choice of and preparation for an occupation are major developmental milestones. Accordingly, adolescents lacking the skills to accomplish these milestones will require special considerations in treatment planning.

Two major approaches to the functional area of vocational status may be identified. The first stresses the skills required to successfully engage in the process of career choice. The second stresses the specific skills needed to successfully pursue a chosen occupation. The **CAB** offers two assessments, one focused on the process of career choice and the other focused on vocational skills.

The Process of Career Choice

The Career Maturity Inventory is designed to measure the maturity of attitudes and competencies necessary for realistic career decision making. The CMI consists of two parts: an Attitude Scale and a Competency Test.

The Attitude Scale measures five variables: 1) decisiveness in career decision making, 2) involvement in career decision making, 3) independence in career decision making, 4) orientation to career decision making, and 5) compromise in career decision making. Two versions of the Attitude Scale, a 50 item screening version and a 75 item counseling version are available. The 100 item Competence Test measures 5 career choice competencies: 1) knowing yourself (self-appraisal), 2) knowing about jobs (occupational information), 3) choosing a job (goal selection), 4) looking ahead (planning), and 5) what should they do? (problem solving).

There exists almost two decades' research on the CMI. Reliability and validity have been extensively studied, and standard scores and percentile ranks have been established. The CMI has been used to study career development, screen for career immaturity, assess guidance needs, and evaluate career education.

Vocational Skills

The Generalizable Skills Curriculum protocol is a comprehensive method for evaluating adolescents employing self-ratings, teacher ratings and direct performance measurement. The broad range of abilities measured include mathematics, communication, interpersonal relations, and reasoning. Over 70 types of vocational categories are identified to which the adolescent's abilities can best be matched.

The scales of the Generalizable Skills curriculum assessments have been demonstrated to have high internal consistency and reliability. However, the self-ratings and teacher ratings demonstrate only a low to moderate correlation with the performance measures. It is probable that these low correlations reflect the fact that the self-ratings and teacher ratings are affected by psychological variables such as student self-esteem or self-concept.

Key References

Crites, J.O. The Career Maturity Inventory. In D.E. Super (Ed.). *Measuring Vocational Maturity in Counseling and Evaluation.* Washington, D.C.: National Vocational Guidance Association, 1974.

Crites, J.O. *The Career Maturity Inventory: Theory and Research Handbook, Second Edition.* Monterey, CA: CTB/McGraw-Hill, 1978.

Greenan, J. Curriculum and assessment in Generalizable skills instruction. *The Journal for Special Needs Education*, 9:3-10, 1986.

Greenan, J. Identification and validation of generalizable skills in vocational programs. *Journal of Vocation Educational Research*, 8:46-71, 1983.

FUNCTIONAL AREA VIII: SOCIAL SKILLS

Tools:

Social Skills Rating System, Secondary Level (SSRS) - Student Form, Teacher Form, Parent Form.
Matson Evaluation of Social Skills with Youngsters (MESSY)

Administration Time:

SSRS: 10 - 25 minutes for Student, Parent, and Teacher Forms
MESSY: 15 minutes

Source for SSRS:

American Guidance Service
Publishers' Building
P.O. Box 99
Circle Pines, MN 55014-1796
(800) 328-2560 (Outside Minnesota)
(800) 247-5053 (Inside Minnesota)

Source for MESSY:

International Diagnostic Systems
15127 South 73rd Avenue, Suite H-2
Orland Park, IL 60462
(800) 876-6360

Cost:

SSRS: $75.00 for a Secondary Level Starter Kit (includes 10 copies each of Teacher, Parent, and Student Questionnaires, 10 Assessment-Intervention Records, Manual, and storage folder).

MESSY: $80 for starter kit (Manual and 25 each of student forms, teacher forms, and hand score forms)

Translations:

SSRS: English only

MESSY: Spanish and German Available from the author:
Johnny Matson, Ph.D.
Department of Psychology
Louisiana State University
Baton Rouge, LA 70803

Adolescents who lack social skills are less able to form meaningful relationships with peers and significant adults. The resulting social isolation or rejection of such adolescents can lead to reduced probability of bonding to school, family and other socializing institutions, increased susceptibility to negative influences, and increased anxiety, depression, and alienation. For these reasons, adolescents lacking social skills are believed to be at increased risk of alcohol and other drug problems and probably have poorer treatment prognoses. Socials skills training and other remedial measures may, thus, form an important component of treatment planning.

The Social Skills Rating System (SSRS) is a paper-and-pencil checklist which provides student, parent, and teacher ratings of social skills in five areas: Cooperation, assertion, responsibility, empathy, and self-control. In addition, a problem behavior scale derived from the Parent and Teacher Questionnaires provides assessments of externalizing problems, internalizing problems, and hyperactivity. Finally, an academic competence scale is available from the Teacher Questionnaire. Ratings of the perceived *importance* for successful functioning of each behavior addressed in the SSRS allow selection of specific behavioral targets for intervention and treatment planning.

The Secondary Level version of the SSRS is designed for grades 7-12; a preschool/elementary version is also available. The SSRS has been standardized on 4,000 children and youth aged 3 to 18 years. Separate norms are available for boys and girls on all versions of the SSRS, and for handicapped and non-handicapped students at the elementary level of the Teacher form.

One problem that may arise with the SSRS concerns the fact that all items are worded in the positive format. This characteristic may introduce response

biases, especially if data are derived only from adolescent self-reports (i.e., if parent and/or teacher ratings are not available). As an adjunct to the SSRS, clinicians may wish to gather additional information in the social skills functional area using the Matson Evaluation of Social Skills with Youngsters (MESSY). Although not as well researched as the SSRS, the MESSY includes items in both positive and negative formats, and may thus provide additional opportunities for adolescents to report negative social behaviors.

Factor analyses performed on MESSYs administered to children and to teachers revealed two factors common to both study populations: Appropriate Social Skills and Inappropriate Assertiveness. The analysis of the student data revealed three additional factors: Impulse/Recalcitrant, Overconfident, and Jealousy/Withdrawal.

Key References:

Gresham, F.M. Conceptual and definitional issues in the assessment of children's social skills: Implications for classification and training. *Journal of Clinical Child Psychiatry*, 15: 16-25, 1986.

Elliot, S.N., and Gresham, F.M. Children's social skills: Assessment and classification practices. *Journal of Counseling and Development*, 66: 96-99, 1987.

Elliot, S.N., Gresham, F.M., Freeman, T., and McCloskey, G. Teachers and observers ratings of children's social skills: Validation of the Social Skills Rating Scale. *Journal of Psychoeducational Assessment*, 6: 225-235, 1988.

Elliot, S.N., Sheridan, S.M., and Gresham, F.M. Assessing and treating social skills deficits: A case study for scientist-practitioners. *Journal of School Psychology*, 27: 197-222, 1989.

Matson, J.L., Rotatori, A.F., and Helsel, W.J. Development of a rating scale to measure social skills in children: The Matson Evaluation of Social Skills with Youngsters (MESSY). *Behavioral Research and Therapy*, 21(4): 335-340, 1983.

FUNCTIONAL AREA IX: LEISURE AND RECREATION

Tools:

Social Adjustment Inventory for Children and Adolescents (SAICA)
Leisure Diagnostic Battery, Physical Activity Assessment

Administration Time:

SAICA: 30 minutes

Leisure Diagnostic Battery: Long form: 30-60 minutes
Short form: 15-45 minutes

Physical Activity Assessment: 15 minutes

Source for SAICA:

G. Davis Gammon, Ph.D.
Yale Child Study Center
33 Edge Hill Terrace
Hamden, CT 06517
(203) 865-6540

Source for Leisure Diagnostic Battery:

Venture Publishing, Inc.
1640 Oxford Circle
State College, PA 16803
(814) 234-4561

Source for Physical Activity Assessment:

The Physical Activity Assessment appears at the back of the *Manual*

Cost:

SAICA: Free of charge with authors' permission

Leisure Diagnostic Battery: Users Manual, $19.95; Long Form, $1.95 each; Short Form, 35 cents each

Physical Activity Assessment: May be copied from the *Manual* without permission.

Translation:

SAICA: English only
Leisure Diagnostic Battery: English only
Physical Activity Assessment: English only

The availability of leisure time and how it is used can greatly influence the adolescent's propensity to engage in drug taking as well as other non-normative and maladjusted behavior. The range of recreational activities available to adolescents is extensive and includes extracurricular activities at school, memberships in clubs, hobbies, and sports. It is also the case that engaging in strenuous physical activity can serve as a useful adjunct to alcohol and other drug treatment, and can assist in the maintenance of sobriety by providing a sense of accomplishment, mastery, and physical and mental well-being.

An assessment in the functional area of leisure and recreation should include two components: 1) an evaluation of use of leisure time, and 2) an assessment of participation in strenuous physical activity. If desired, a third component can be included to assess in more detail the nature of personal attitudes and experiences which have contributed to existing deficits in leisure and recreation.

Leisure Assessment

The Social Adjustment Inventory for Children and Adolescents (SAICA), assesses the types of activities engaged in and the intensity of involvement. The SAICA is a semi-structured interview that provides assessments of the use of leisure time in four areas: 1) Spare time activity, 2) Spare time TV watching, 3) Spare time alone/with others, and 4) Overall spare time functioning. The SAICA can be administered to either adolescents or their parents. It may be used to assess current functioning (defined as no more than one school year), and can be readministered to cover previous school years. To shorten the assessment, summary items only may be used to assess adjustment in earlier grades. The SAICA also provides assessments of school functioning, peer relationships, and functioning at home.

A study of 124 children, ages 6 to 18, of parents with and without a history of major depression support the construct, convergent, and divergent validity of the SAICA. Normative data are not currently available on the SAICA.

Assessment of Participation in Strenuous Physical Activity

Most adolescents are capable of participating in strenuous physical activity without medical risk. Thus, unless otherwise indicated by medical history, cardiopulmonary testing or other assessments of physical fitness are generally not necessary in developing an exercise regimen for adolescents. However, an assessment of current level of physical activity provides a useful starting point for determining the overall level of conditioning, and for determining those areas of physical activity in which the adolescent shows (or has shown) interest.

A simple assessment of current physical activity may be derived from the Physical Activity Assessment provided at the end of the *Manual*. The assessment includes: 1) self-reports of level of involvement in a number of active physical pursuits, 2) an assessment of participation in organized team sports, 3) a general assessment of cardiovascular conditioning, and 4) an assessment of physical problems that may limit participation in physical activities.

Attitudes Towards Leisure

The Leisure Diagnostic Battery examines attitudes and attributions associated with leisure activities as a way of determining if these attitudes and attributions may contribute to deficits in the use of leisure time. The Leisure Diagnostic Battery is a self-administered paper-and-pencil test for use with children 9 to 18 years of age consisting of five scales: Perceived Leisure Competence, Perceived Leisure Control, Leisure Needs, Depth of Involvement in Leisure, and Playfulness. The combined scores from these scales yield a measure of Perceived Freedom in Leisure. There are 95 items in these scales. A short form is available to measure Perceived Freedom in Leisure consisting of 25 items. If deficits are identified in these five scales, an additional three scales may be administered: Barriers to Leisure Involvement, Leisure Preferences Inventory, and Knowledge of Leisure Opportunities.

The battery has been administered to a variety of handicapped and non-handicapped populations, and to substance abusing and non-substance abusing populations from junior high school students to college students. This testing supported the reliability, and convergent, predictive, and discriminant validity of the battery. Normative data from the various groups tested are available.

Key References

Ellis, G. and Witt, P. *The Leisure Diagnostic Battery: Theoretical and Empirical Structure.* Denton, Texas: University of North Texas, Leisure Diagnostic Battery Project, 1982.

John, K., Gammon, G. D., Prushoff, B.A., and Warner, V. The Social Adjustment Inventory for Children and Adolescents (SAICA): Testing of a new semistructured interview. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26(6):898-911.

National Center for Health Statistics. *Assessing Physical Fitness and Physical Activity in Population-Based Surveys.* DHHS Publication Number (PHS) 89-1253, 1989.

FUNCTIONAL AREA X: AGGRESSIVE BEHAVIOR/DELINQUENCY

Tools:

Youth Self-Report (YSR) of the Child Behavior Checklist (CBCL)
National Youth Survey Delinquency Scale

Administration Time:

YSR: 15-20 minutes
NYS Delinquency Scale: 15-20 minutes

Source for YSR:

Thomas M. Achenbach
University Associates in Psychiatry
University of Vermont
1 So. Prospect Street
Burlington, VT
(802) 656-4563

Source for NYS Delinquency Scale:

The NYS Delinquency Scale appears at the end of the *Manual* and may be copied without permission.

Cost:

YSR: Sample Packet - $15.00

Translations:

YSR: Arabic, Chinese, Dutch, Finnish, French, German, Greek, Hebrew, Hindi, Italian, Korean, Norwegian, Russian, Spanish, Swedish, Thai, Turkish, Japanese, Hungarian, Portuguese, Icelandic, Afrikaans, Vietnamese and Cambodian.

NYS Delinquency Scale: English Only

Aggressive, acting out behavior has been observed to be both a precursor to and consequence of alcohol and other drug involvement in some youth. Moreover, substance use/abuse appears to be prevalent among adolescents who contact the juvenile justice system, suggesting a strong correlation between alcohol and drug involvement and delinquency. Finally, the economic demands of an addict lifestyle may involve some substance abusing adolescents in serious crime. Treatment programs who admit youth with aggressive or delinquent tendencies may need to make special arrangements for their supervision and care.

The Child Behavior Checklist (CBCL) quantifies behavioral disturbance across a variety of behavioral dimensions. The version of the CBCL applicable to the widest age range of adolescents is the Youth Self-Report (YSR), a paper-and-pencil instrument designed for adolescents 11 to 18 years of age. The YSR measures aggressive behaviors, delinquent activities, and self-destructive behavior. In addition, it measures social competency (social and job-related/recreational activities), depression, social unpopularity, somatic complaints, and disordered thoughts.

Other CBCL forms have been developed and standardized for use by parents and by teachers. The use of the parent and teacher forms allows comparisons of the adolescent's viewpoint with the views of significant adults, thereby adding to the comprehensiveness of the assessment. Moreover, the use of essentially equivalent forms for teachers and parents enables detection of problem behaviors that may be situationally specific to school or home.

The CBCL does not provide a direct assessment of all the *specific* delinquent acts that an adolescent may have committed. Such an assessment is available from the National Youth Survey Delinquency Scale.

Conducted in 1977, the National Youth Survey (NYS) interviewed 1,726 adolescents who were representative of the U.S. population aged 11-17. The NYS Delinquency Scale as modified by researchers at the University of South Florida Department of Criminology asks the frequency of 23 delinquent acts and the age at which these acts were first committed. Five summated indices may be calculated for the scale: 1) General Theft, 2) Crimes Against Persons, 3) Index Offenses, 4) Drug Sales, and 5) Total Delinquency.

Key References

Achenbach, T.M., and Edelbrock. C. The classification of child psychopathology: A review and analyses of empirical efforts. *Psychological Bulletin*, 85:1275-1301, 1978.

Achenbach, T.M., and Edelbrock, C. *Manual for the Youth Self-Report and Profile*. Department of Psychiatry, University of Vermont, Burlington, Vermont.

Edelbrock, C., and Achenbach, T.M., A typology of Child Behavior Profile patterns: Distribution and correlates for disturbed correlates for disturbed children age 6 to 16. *Journal of Abnormal Child Psychology*, 8:441-470, 1980.

CHAPTER 5
GUIDE TO THE PREPARATION OF A DIRECTORY OF ADOLESCENT SERVICES

Once a comprehensive assessment has been completed using the instruments and procedures from the **CAB**, a treatment plan must be formulated. Ideally, this plan would be based solely on the needs of the adolescent as revealed by the **CAB**. However, from a practical perspective, the treatment plan will be constrained by the availability of services in a defined service area. In order to make optimal use of these services, the case manager or referral agent must be fully cognizant of the services available, their operational characteristics, their inclusionary and exclusionary criteria, and much more.

The Guide provides a method for locating and describing or characterizing all resources for adolescents that are currently available within a defined service area, and a framework for organizing this information into a practical, highly-customized **DIRECTORY OF ADOLESCENT SERVICES**. The Guide is intended for use by practitioners from all professional disciplines who work with adolescents and require information about a broad range of provider services.

As a result of developing a local or regional **DIRECTORY OF ADOLESCENT SERVICES**, practitioners and administrators gain an increased familiarity with the array of resources available for addressing the medical, psychiatric, educational, and psychosocial needs of troubled adolescents.

A completed **DIRECTORY OF ADOLESCENT SERVICES** has two sections:

The Adolescent Services Matrix *- The purpose of the Matrix is to assist the referral agent in identifying at a glance the facilities/programs that have the required characteristics to meet the treatment needs of the individual adolescent. Along the left-hand side of the Matrix the names of each adolescent-related facility/program within the referral agent's service area will be listed. Along the top of the Matrix, the facility/program characteristics will be listed.*

The Provider Information Form *- A form is completed for each facility/program cited in the Adolescent Services Matrix. The information, by providing a summary of the key characteristics of each provider, enables the case manager or referral agent to select the most appropriate facility for each adolescent.*

To collect the information necessary to complete both sections of a **DIRECTORY OF ADOLESCENT SERVICES**, the referral agent should conduct a survey of all facilities and programs within a defined service area or locale using the Provider Questionnaire. Conducting such a survey and completing the Adolescent Services Matrix and Provider Information Form is relatively straightforward and can be accomplished in five sequential steps.

The Provider Questionnaire, Adolescent Services Matrix,and Provider Information Form appear at the end of the *Manual*, and may be copied without permission.

STEP 1 - DEVELOP A COMPREHENSIVE LIST OF LOCAL ADOLESCENT SERVICE PROVIDERS.

Listing facilities and programs within the service area is an all-important first step in planning the survey. There are two parallel approaches to compiling the listing. First, an initial list can be generated based on familiarity with local providers. To create the list, the names of all providers within the service area merely need to be catalogued onto a sheet of paper. Second, existing directories of health, community service, educational, or other providers of services to adolescents in the area can

be accessed. Several useful sources of such compilations include State licensing boards, the United Way, Chamber of Commerce, and the Yellow Pages.

STEP 2 - CONTACT THE LOCAL PROVIDERS

Once the complement of providers has been identified, it is suggested that each be contacted to advise them of the plan to develop a **DIRECTORY OF ADOLESCENT SERVICES** and to solicit their cooperation. A telephone inquiry should be sufficient in this regard and, at the same time, used to verify the name and address to whom the Provider Questionnaire should be mailed. Inquiries about survey participation should be directed to the Chief Administrator or Executive Director of the facility/ program.

STEP 3 - CONDUCT FIRST SURVEY

The telephone contact should be followed expeditiously by a Provider Questionnaire mailed to each participant. To expedite return by mail, enclose a self-addressed stamped envelope along with a note which gives a requested return deadline. Be sure that the note also includes the name of an appropriate staff member responsible for preparing the referral guide who can be contacted should the provider have any questions.

STEP 4 - CONDUCT TELEPHONE FOLLOW-UP WITH PROVIDERS

Follow-up telephone calls should be made to providers for two reasons. First, a personal communication will encourage providers who have not returned the questionnaire to do so. At this juncture, it may be useful to offer a copy of the completed **DIRECTORY** to providers who participate in the survey as an incentive for returning the form. Second, the call provides an opportunity to clarify unclear entries on the returned form or to obtain otherwise missing or incomplete information

STEP 5 - COMPLETE THE ADOLESCENT SERVICES MATRIX AND PROVIDER INFORMATION SHEET

Using the information collected on the Provider Questionnaire and through follow-up telephone contacts, complete the Matrix. This task is performed by simply copying the provider's name in the left-hand column and checking off the appropriate boxes in the columns for the characteristics applicable to the provider. Also complete a Provider Information Form for each provider and file them in alphabetical order for future reference. To ensure accurate transfer of data from the Provider Questionnaire to the Matrix and Information Form, question numbers from the Provider Questionnaire are noted on the Matrix and Provider Information Form. Prior to reproducing and using these forms, these question numbers can be erased.

ATTACHMENTS

The following pages present materials needed to implement the **ADOLESCENT ASSESSMENT/ REFFERAL SYSTEM** that are not easily available elsewhere. All of the materials presented in this section of the *Manual* are in the public domain and may be copied without permission. Citation of source is appreciated in publications resulting from the use of materials presented in the *Manual*.

PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS (POSIT)

English Version

PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS

INSTRUCTIONS

The purpose of these questions is to help us choose the best ways to help you. So, please try to answer the questions honestly.

Please answer all of the questions. If a question does not fit you exactly, pick the answer that is mostly true.

You may see the same or similar questions more than once. Please just answer each question as it comes up.

Please put an "X" through your answer.

If you do not understand a word, please ask for help.

You may begin.

1.	Do you have so much energy you don't know what to do with it?	Yes	No
2.	Do you brag?	Yes	No
3.	Do you get into trouble because you use drugs or alcohol at school?	Yes	No
4.	Do your friends get bored at parties when there is no alcohol served?	Yes	No
5.	Is it hard for you to ask for help from others?	Yes	No
6.	Has there been adult supervision at the parties you have gone to recently?	Yes	No
7.	Do your parents or guardians argue a lot?	Yes	No
8.	Do you usually think about how your actions will affect others?	Yes	No
9.	Have you recently either lost or gained more than 10 pounds?	Yes	No
10.	Have you ever had sex with someone who shot up drugs?	Yes	No
11.	Do you often feel tired?	Yes	No
12.	Have you had trouble with stomach pain or nausea?	Yes	No
13.	Do you get easily frightened?	Yes	No
14.	Have any of your best friends dated regularly during the past year?	Yes	No
15.	Have you dated regularly in the past year?	Yes	No
16.	Do you have a skill, craft, trade or work experience?	Yes	No
17.	Are most of your friends older than you are?	Yes	No
18.	Do you have less energy than you think you should?	Yes	No
19.	Do you get frustrated easily?	Yes	No

20.	Do you threaten to hurt people?	Yes	No
21.	Do you feel alone most of the time?	Yes	No
22.	Do you sleep either too much or too little?	Yes	No
23.	Do you swear or use dirty language?	Yes	No
24.	Are you a good listener?	Yes	No
25.	Do your parents or guardians approve of your friends?	Yes	No
26.	Have you lied to anyone in the past week?	Yes	No
27.	Do your parents or guardians refuse to talk with you when they are mad at you?	Yes	No
28.	Do you rush into things without thinking about what could happen?	Yes	No
29.	Did you have a paying job last summer?	Yes	No
30.	Is your free time spent just hanging out with friends?	Yes	No
31.	Have you accidentally hurt yourself or someone else while high on alcohol or drugs?	Yes	No
32.	Have you had any accidents or injuries that still bother you?	Yes	No
33.	Are you a good speller?	Yes	No
34.	Do you have friends who damage or destroy things on purpose?	Yes	No
35.	Have the whites of your eyes ever turned yellow?	Yes	No
36.	Do your parents or guardians usually know where you are and what you are doing?	Yes	No
37.	Do you miss out on activities because you spend too much money on drugs or alcohol?	Yes	No

38.	Do people pick on you because of the way you look?	Yes	No
39.	Do you know how to get a job if you want one?	Yes	No
40.	Do your parents or guardians and you do lots of things together?	Yes	No
41.	Do you get A's and B's in some classes and fail others?	Yes	No
42.	Do you feel nervous most of the time?	Yes	No
43.	Have you stolen things?	Yes	No
44.	Have you ever been told you are hyperactive?	Yes	No
45.	Do you ever feel you are addicted to alcohol or drugs?	Yes	No
46.	Are you a good reader?	Yes	No
47.	Do you have a hobby you are really interested in?	Yes	No
48.	Do you plan to get a diploma (or already have one)?	Yes	No
49.	Have you been frequently absent or late for work?	Yes	No
50.	Do you feel people are against you?	Yes	No
51.	Do you participate in team sports which have regular practices?	Yes	No
52.	Have you ever read a book cover to cover for your own enjoyment?	Yes	No
53.	Do you have chores that you must regularly do at home?	Yes	No
54.	Do your friends bring drugs to parties?	Yes	No
55.	Do you get into fights a lot?	Yes	No
56.	Do you have a hot temper?	Yes	No

57.	Do your parents or guardians pay attention when you talk with them?	Yes	No
58.	Have you started using more and more drugs or alcohol to get the effect you want?	Yes	No
59.	Do your parents or guardians have rules about what you can and cannot do?	Yes	No
60.	Do people tell you that you are careless?	Yes	No
61.	Are you stubborn?	Yes	No
62.	Do any of your best friends go out on school nights without permission from their parents or guardians?	Yes	No
63.	Have you ever had or do you now have a job?	Yes	No
64.	Do you have trouble getting your mind off things?	Yes	No
65.	Have you ever threatened anyone with a weapon?	Yes	No
66.	Do you have a way to get to a job?	Yes	No
67.	Do you ever leave a party because there is no alcohol or drugs?	Yes	No
68.	Do your parents or guardians know what you really think or feel?	Yes	No
69.	Do you often act on the spur of the moment?	Yes	No
70.	Do you usually exercise for a half hour or more at least once a week?	Yes	No
71.	Do you have a constant desire for alcohol or drugs?	Yes	No
72.	Is it easy to learn new things?	Yes	No
73.	Do you have trouble with your breathing or with coughing?	Yes	No

74.	Do people your own age like and respect you?	Yes	No
75.	Does your mind wander a lot?	Yes	No
76.	Do you hear things no one else around you hears?	Yes	No
77.	Do you have trouble concentrating?	Yes	No
78.	Do you have a valid driver's license?	Yes	No
79.	Have you ever had a paying job that lasted at least one month?	Yes	No
80.	Do you and your parents or guardians have frequent arguments which involve yelling and screaming?	Yes	No
81.	Have you had a car accident while high on alcohol or drugs?	Yes	No
82.	Do you forget things you did while drinking or using drugs?	Yes	No
83.	During the past month have you driven a car while you were drunk or high?	Yes	No
84.	Are you louder than other kids?	Yes	No
85.	Are most of your friends younger than you are?	Yes	No
86.	Have you ever intentionally damaged someone else's property?	Yes	No
87.	Have you ever stopped working at a job because you just didn't care?	Yes	No
88.	Do your parents or guardians like talking with you and being with you?	Yes	No
89.	Have you ever spent the night away from home when your parents didn't know where you were?	Yes	No
90.	Have any of your best friends participated in team sports which require regular practices?	Yes	No
91.	Are you suspicious of other people?	Yes	No

92. Are you already too busy with school and other adult supervised activities to be interested in a job? Yes No

93. Have you cut school at least 5 days in the past year? Yes No

94. Are you usually pleased with how well you do in activities with your friends? Yes No

95. Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa? Yes No

96. Do you feel sad most of the time? Yes No

97. Do you miss school or arrive late for school because of your alcohol or drug use? Yes No

98. Is it important to you now to get or keep a satisfactory job? Yes No

99. Do your family or friends ever tell you that you should cut down on your drinking or drug use? Yes No

100. Do you have serious arguments with friends or family members because of your drinking or drug use? Yes No

101. Do you tease others a lot? Yes No

102. Do you have trouble sleeping? Yes No

103. Do you have trouble with written work? Yes No

104. Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, breaking the law or having sex with someone? Yes No

105. Do you feel you loose control and get into fights? Yes No

106. Have you ever been fired from a job? Yes No

107. During the past month, have you skipped school? Yes No

108. Do you have trouble getting along with any of your friends because of your alcohol or drug use? Yes No

109. Do you have a hard time following directions? Yes No

110. Are you good at talking your way out of trouble? Yes No

111. Do you have friends who have hit or threatened to hit someone without any real reason? Yes No

112. Do you ever feel you can't control your alcohol or drug use? Yes No

113. Do you have a good memory? Yes No

114. Do your parents or guardians have a pretty good idea of your interests? Yes No

115. Do your parents or guardians usually agree about how to handle you? Yes No

116. Do you have a hard time planning and organizing? Yes No

117. Do you have trouble with math? Yes No

118. Do your friends cut school a lot? Yes No

119. Do you worry a lot? Yes No

120. Do you find it difficult to complete class projects or work tasks? Yes No

121. Does school sometimes make you feel stupid? Yes No

122. Are you able to make friends easily in a new group? Yes No

123. Do you often feel like you want to cry? Yes No

124. Are you afraid to be around people? Yes No

125. Do you have friends who have stolen things? Yes No

126. Do you want to be a member of any organized group, team, or club? Yes No

127. Does one of your parents or guardians have a steady job? Yes No

128. Do you think it's a bad idea to trust other people? Yes No

129. Do you enjoy doing things with people your own age? Yes No

130. Do you feel you study longer than your classmates and still get poorer grades? Yes No

131. Have you ever failed a grade in school? Yes No

132. Do you go out for fun on school nights without your parents' or guardians' permission? Yes No

133. Is school hard for you? Yes No

134. Do you have an idea about the type of job or career that you want to have? Yes No

135. On a typical day, do you watch more than two hours of TV? Yes No

136. Are you restless and can't sit still? Yes No

137. Do you have trouble finding the right words to express what you are thinking? Yes No

138. Do you scream a lot? Yes No

139. Have you ever had sexual intercourse without using a condom Yes No

PROBLEM ORIENTED SCREENING INSTRUMENT FOR TEENAGERS (POSIT)

Spanish Version

INSTRUMENTO PARA LA EVALUACION DE PROBLEMAS

PROPIOS DE LA ADOLESCENCIA

INSTRUCCIONES

El propósito de estas preguntas es ayudarnos a nosotros a escoger la forma en que mejor podemos ayudarte a ti. Por consiguiente, trata de contestar las preguntas con franqueza.

Contesta todas las preguntas. Si alguna de ellas no se aplica exactamente a ti, escoge la contestación que más se acerque a la verdad en tu caso.

Es posible que encuentres la misma pregunta, o preguntas semejantes, más de una vez. Contéstalas cada vez que aparezcan en el cuestionario.

Por favor, ponga una "X" sobre su repuesta.

Si no comprendes alguna palabra, pide ayuda.

Puedes comenzar.

1.	¿Tienes tanta energía que no sabes qué hacer con ella?.....	Si	No
2.	¿Eres jactancioso(a)?.....	Si	No
3.	¿Te encuentras a veces en dificultades porque consumes drogas o bebidas alcohólicas en la escuela?.....	Si	No
4.	¿Se aburren tus amigos en las fiestas donde no se sirven bebidas alcohólicas?.....	Si	No
5.	¿Se te hace difícil pedir ayuda a otra persona?.....	Si	No
6.	¿Han estado supervisadas por adultos las fiestas a que has asistido recientemente?.....	Si	No
7.	¿Argumentan demasiado tus padres o guardianes?.....	Si	No
8.	¿Reflexionas a menudo sobre las consecuencias que tienen tus actos para los demás?.....	Si	No
9.	¿Has adelgazado o engordado más de 5 kilos recientemente?.....	Si	No
10.	¿Has tenido alguna vez relaciones sexuales con alguien que inyecta drogas?....	Si	No
11.	¿Te cansas con frecuencia?.....	Si	No
12.	¿Has tenido trastornos de salud que te ocasionen dolores de estómago o náuseas?....	Si	No
13.	¿Te asustas con facilidad?.....	Si	No
14.	¿Hay entre tus amigos íntimos parejas que salían juntas regularmente el año pasado?.....	Si	No
15.	¿Saliste tu regularmente con un muchacho o una muchacha del sexo opuesto el año pasado?.....	Si	No
16.	¿Tienes alguna destreza, artesanía, oficio o experiencia de trabajo?.....	Si	No
17.	¿Son la mayoría de tus amigos mayores que tu?.....	Si	No

18. ¿Tienes menos energía que la que crees que deberías tener?..... Si No

19. ¿Te sientes frustrado(a) con facilidad?..... Si No

20. ¿Amenazas a otros con hacerles daño?..... Si No

21. ¿Te sientes solo(a) la mayor parte del tiempo?..... Si No

22. ¿Duermes demasiado, o muy poco?..... Si No

23. ¿Dices groserías o vulgaridades?..... Si No

24. ¿Escuchas cuidadosamente cuando alguien te habla?..... Si No

25. ¿Son tus amigos del agrado de tus padres o guardianes?..... Si No

26. ¿Le mentiste a alguien la semana pasada?..... Si No

27. ¿Se niegan tus padres o guardianes a hablarte cuando se enfadan contigo?..... Si No

28. ¿Actúas impulsivamente y sin pensar en las consecuencias que tendrán tus actos?.... Si No

29. ¿Tuviste un empleo con sueldo el verano pasado?..... Si No

30. ¿Pasas tus horas libres holgazaneando con tus amigos?..... Si No

31. ¿Te has hecho daño o le has hecho daño a otra persona accidentalmente estando bajo el efecto del alcohol o de drogas?..... Si No

32. ¿Has tenido algún accidente o sufrido alguna lesión cuyos efectos te molestan todavía?..... Si No

33. ¿Sabes escribir o letrear bien?..... Si No

34. ¿Tienes amigos que causan daño o destrucción intencionalmente?..... Si No

35. ¿Se te ha puesto amarilla alguna vez la parte blanca de los ojos?..... Si No

36. Generalmente, ¿saben tus padres o guardianes dónde estás y lo que estás haciendo?..... Si No

37. ¿Sueles perderte actividades o acontecimientos porque has gastado demasiado dinero en drogas o bebidas alcohólicas?..... Si No

38. ¿Te molesta o se ríe de ti la gente por tu apariencia personal?..... Si No

39. ¿Sabes cómo encontrar un empleo si lo deseas?..... Si No

40. ¿Participas en muchas actividades en compañía de tus padres o guardianes?..... Si No

41. ¿Obtienes buenas notas en algunas clases y fracasas en otras?..... Si No

42. ¿Te sientes nervioso(a) la mayor parte del tiempo?..... Si No

43. ¿Has robado alguna vez?..... Si No

44. ¿Te han dicho alguna vez que eres hiperactivo(a)?..... Si No

45. ¿Sientes a veces que eres adicto(a) al alcohol o a las drogas?..... Si No

46. ¿Sabes leer bien?..... Si No

47. ¿Tienes algún pasatiempo o afición que realmente te interesa?..... Si No

48. ¿Tienes la intención de obtener un diploma (o tienes ya uno)?..... Si No

49. ¿Has estado ausente o llegado tarde a tu trabajo con frecuencia?..... Si No

50. ¿Sientes que la gente está en contra tuya?.. Si No

51. ¿Eres miembro de un equipo deportivo que practica regularmente?..... Si No

52. ¿Has leído alguna vez un libro de principio a fin por tu propio gusto que no debería leer por tareas escolares?... Si No

53. ¿Tienes ciertas tareas que debes hacer regularmente en casa?..... Si No

54. ¿Llevan tus amigos drogas a las fiestas?.... Si No

55. ¿Peleas a menudo o muchas veces?..... Si No

56.	¿Tienes mal genio?.....	Si	No
57.	¿Te prestan atención tus padres o guardianes cuando les hablas?.....	Si	No
58.	Has comenzado a consumir mayores cantidades de drogas o alcohol para obtener el efecto que deseas?.....	Si	No
59.	¿Han fijado tus padres o guardianes ciertas reglas en cuanto a lo que te esta permitido o no te está permitido hacer?.....	Si	No
60.	¿Te dice la gente que eres descuidado(a)?...	Si	No
61.	¿Eres testarudo(a)?.....	Si	No
62.	¿Tienes amigos íntimos que salen en noches de semana sin el permiso de sus padres o guardianes?.....	Si	No
63.	¿Has tenido alguna vez o tienes actualmente un empleo?.....	Si	No
64.	¿Se te hace difícil quitarte ciertas cosas de la mente?.....	Si	No
65.	¿Has amenazado alguna vez a alguien con un arma?.....	Si	No
66.	¿Tienes algún medio de obtener empleo?.....	Si	No
67.	¿Te vas a veces de las fiestas porque no hay en ellas bebidas alcohólicas o drogas?.....	Si	No
68.	¿Saben tus padres o guardianes cómo realmente piensas o te sientes?.....	Si	No
69.	¿Actuas impulsivamente con frecuencia?.....	Si	No
70.	Generalmente, ¿haces ejercicio media hora o más por lo menos una vez por semana?.....	Si	No
71.	¿Sientes un deseo constante de consumir bebidas alcohólicas o drogas?.....	Si	No
72.	¿Es fácil aprender cosas nuevas?.....	Si	No
73.	¿Sientes dificultad al respirar? ¿Toses?....	Si	No
74.	¿Te quieren y respetan las personas de tu edad?.....	Si	No

75. ¿Pierdas el hilo del pensamiento con mucha frecuencia?..... Si No

76. ¿Oyes cosas que nadie más oye a tu alrededor?..... Si No

77. ¿Tienes dificultad en concentrar el pensamiento?..... Si No

78. ¿Tienes una licencia de manejar válida?..... Si No

79. ¿Has tenido alguna vez un empleo con sueldo que haya durado por lo menos un mes?..... Si No

80. ¿Te disputas frecuentemente con tus padres o guardianes, levantando la voz y gritando?..... Si No

81. ¿Has tenido un accidente automovilístico estando bajo el efecto del alcohol o de drogas?..... Si No

82. ¿Olvidas lo que haces cuando bebes o te endrogas?..... Si No

83. El mes pasado, ¿manejaste un automóvil estando borracho(a) o endrogado(a)?..... Si No

84. ¿Levantas la voz más que los demas muchachos de tu edad?..... Si No

85. ¿Son la mayoría de tus amigos más jóvenes que tu?..... Si No

86. ¿Has ocasionado daños a la propiedad ajena intencionalmente alguna vez?..... Si No

87. ¿Has dejado un empleo sencillamente porque no te importaban las consecuencias de dejarlo?..... Si No

88. ¿Les gusta a tus padres o guardianes hablar y estar contigo?..... Si No

89. ¿Has pasado alguna noche fuera de tu casa sin que tus padres o guardianes supieran dónde estabas?..... Si No

90. ¿Tienes amigos íntimos que han sido miembros de equipos deportivos que requieren prácticas regulares?..... Si No

91. ¿Desconfías de la gente?..... Si No

92. ¿Te consideras demasiado ocupado(a) con las actividades escolares y demás actividades supervisadas por adultos para interesarte en un empleo?..... Si No

93. ¿Tuviste más de cinco ausencias no autorizadas de la escuela el año pasado?.... Si No

94. ¿Te sientes generalmente satisfecho(a) de tu conducta cuando participas en actividades con tus amigos?..... Si No

95. ¿Te ocasiona el uso del alcohol o de las drogas cambios repentinos de humor, como pasar de estar contento(a) a estar triste, o viceversa?..... Si No

96. ¿Te sientes triste la mayor parte del tiempo?..... Si No

97. ¿Pierdes días de clase o llegas tarde a la escuela por haber consumido bebidas alcohólicas o drogas?..... Si No

98. Actualmente, ¿es importante para ti conseguir o conservar un empleo satisfactorio?..... Si No

99. ¿Te han dicho alguna vez tus familiares o amigos que debes reducir el uso de bebidas alcohólicas o drogas?..... Si No

100. ¿Discutes seriamente con tus amigos o familiares por el uso que haces de bebidas alcohólicas o drogas?..... Si No

101. ¿Embromas mucho a tus amigos?..... Si No

102. ¿Tienes dificultad en dormir? ..... Si No

103. ¿Tienes dificultad con trabajos escritos?... Si No

104. ¿Te inducen a veces las bebidas alcohólicas o las drogas a hacer algo que normalmente no harías, como a desobedecer alguna regla o ley, o la hora de llegar a casa, o a tener relaciones sexuales con alguien?..... Si No

105. ¿Sientes que a veces pierdes control de ti mismo(a) terminas peleando?..... Si No

106. ¿Te han despedido alguna vez de un empleo?.. Si No

107. ¿Faltaste a la escuela sin autorización el mes pasado?..... Si No

108. ¿Tienes dificultad en tus relaciones con alguno de tus amigos debido a las bebidas alcohólicas o drogas que consumes?..... Si No

109. ¿Tienes dificultad en seguir instrucciones?. Si No

110. ¿Sabes "hacer cuentos" para salir de apuros con facildad?..... Si No

111. ¿Tienes amigos que han golpeado o amenazado a alguien sin razon?..... Si No

112. ¿Sientes a veces que no puedes controlar el deseo de consumir bebidas alcohólicas o drogas?..... Si No

113. ¿Tienes buena memoria?..... Si No

114. ¿Tienen tus padres o guardianes una idea relativamente buena de lo que te interesa?..... Si No

115. Generalmente, ¿están tus padres o guardianes de acuerdo en cuanto a la forma en que te deben manejar a ti?..... Si No

116. ¿Se te hace difícil hacer planes o organizar tus actividades?..... Si No

117. ¿Tienes dificultad con matemáticas?..... Si No

118. ¿Faltan tus amigos a la escuela sin autorización con mucha frecuencia?..... Si No

119. ¿Te preocupas mucho?..... Si No

120. ¿Se te hace difícil terminar tus proyectos o tareas escolares?..... Si No

121. ¿Te hace la escuela a veces sentirte estúpido(a)?..... Si No

122. ¿Haces amistades con facilidad cuando te encuentras entre un groupo de gente nueva?.. Si No

123. ¿Sientes deseos de llorar frecuentemente?... Si No

124. ¿Te da miedo estar con la gente?..... Si No

125. ¿Tienes amigos que han robado?..... Si No

126. ¿Deseas ser miembro de un grupo, equipo o club organizado?..... Si No

127. ¿Tiene uno de tus padres o guardianes un empleo permanente?..... Si No

128. ¿Te parece mala idea confiar en otros?..... Si No

129. ¿Te gusta participar en actividades con personas de tu edad?..... Si No

130. ¿Tienes la impresión de que a pesar de que estudias más que tus compañeros siempre sacas peores notas que ellos?..... Si No

131. ¿Has frascasado algún año en la escuela?.... Si No

132. ¿Sales a divertirte en noches de semana sin el permiso de tus padres o guardianes?.. Si No

133. ¿Es difícil la escuela para ti?..... Si No

134. ¿Tienes alguna idea del trabajo o la carrera que deseas?..... Si No

135. ¿En un día típico, ves televisión más de dos horas?..... Si No

136. ¿Eres una persona nerviosa, de las que no pueden estar sentadas mucho tiempo?..... Si No

137. ¿Tienes dificultad en encontrar palabras apropriadas para expresar tus pensamientos?. Si No

138. ¿Gritas mucho?..... Si No

139. ¿Has tenido relaciones sexuales sin usando un condon?..... Si No

POSIT SCORING TEMPLATES

Note: These scoring templates must be photocopied onto transparency stock

POSIT - TEMPLATE 1
ENGLISH

1 C, F *RF F Only	20 J	38 B	57 D
2 J	21 C, E *RF E Only	39 G 16+	58 A *RF
3 A *RF	22 B	40 D	59 D
4 E *RF	23 J	41 F	60 F
5 H	24 F	42 C	61 J
6 I	25 E *RF	43 J *RF	62 I
7 D	26 J	44 C, F	63 G
8 H	27 D	45 A *RF	64 C, F
9 B *RF	28 C, F, H	46 F *RF	65 J
10 B *RF	29 G 16+	47 I	66 G
11 C	30 I	48 G	67 A *RF
12 B	31 A *RF	49 G 16+ *RF	68 D
13 C *RF	32 B *RF	50 C *RF	69 C, F, H
14 I	33 F	51 I	70 I
15 I	34 E *RF	52 F	71 A *RF
16 G *RF 16+ (12-15 SCORE 1)	35 B *RF	53 G	72 F
17 E, H *RF E Only	36 D *RF	54 E *RF	73 B
18 B, F	37 A *RF	55 J	
19 C, F		56 J	
PAGE 1	PAGE 2	PAGE 3	PAGE 4

*RF

16+ Score 1 for 16+, do not score for 12-15

16+ Score RF for 16+, do not score for 12 - 15

POSIT - TEMPLATE 2
ENGLISH

PAGE 5	PAGE 6	PAGE 7	PAGE 8
74 H	92 G	108 A *RF	127 G *RF
75 F *RF	93 C	109 C, F *RF F ONLY	128 H
76 C	94 H	110 F, H	129 H
77 C	95 A *RF	111 E *RF	130 F
78 G 16+	96 C *RF	112 A *RF	131 G
79 G 16+ *RF	97 A *RF	113 F *RF	132 I *RF
80 D * RF	12-15 SCORE 1	114 D	133 F
81 A *RF	98 G 16 + *RF	115 D	134 G *RF
82 A *RF	99 A * RF	116 F *RF	135 I
83 A *RF	100 A * RF	117 F	136 C, F *RF F ONLY
84 J	101 J	118 E *RF	137 F
85 E *RF	102 C	119 C	138 J
86 J *RF	103 F	12 -15 SCORE 1 120 G 16+ *RF	139 B
87 G 16+ *RF	104 A * RF	121 F	
88 D *RF	105 C	122 H	
89 J	106 G 16 + *RF	123 C *RF	
90 I	107 J	124 C *RF	
91 J *RF		125 E *RF	
		126 I	

*RF — 16+ Score 1 for 16+, do not score for 12-15 — 16+ Score RF for 16 +, do not score for 12-15

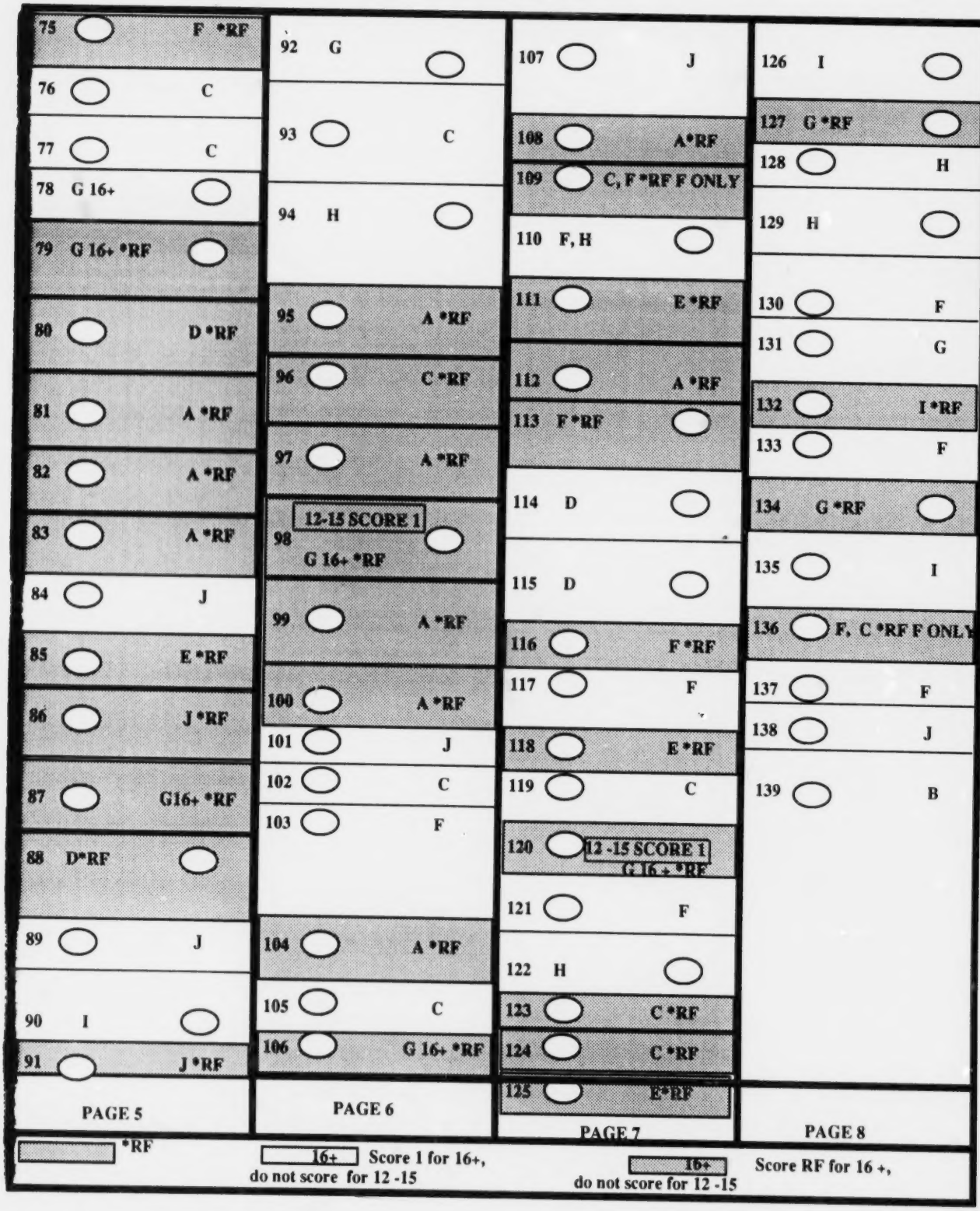
POSIT - TEMPLATE 1

SPANISH

1 ◯ C, F *RF F ONLY	18 ◯ B, F	37 ◯ A *RF	56 ◯ J
2 ◯ J	19 ◯ C, F	38 ◯ B	57 D ◯
3 ◯ A *RF	20 ◯ J	39 G 16 + ◯	58 ◯ A*RF
4 ◯ E *RF	21 ◯ C, E *RF E ONLY	40 D ◯	59 D ◯
5 ◯ H	22 ◯ B	41 ◯ F	60 ◯ F
6 I ◯	23 ◯ J	42 ◯ C	61 ◯ J
7 ◯ D	24 F ◯	43 ◯ J *RF	62 ◯ I
8 H ◯	25 E *RF ◯	44 ◯ C, F	63 G ◯
9 ◯ B *RF	26 ◯ J	45 ◯ A*RF	64 ◯ C, F
10 ◯ B *RF	27 ◯ D	4 F *RF ◯	65 ◯ J
11 ◯ C	28 ◯ C, F, H	47 I ◯	66 G ◯
12 ◯ B	29 G 16 + ◯	48 G ◯	67 ◯ A *RF
13 ◯ C *RF	30 ◯ I	49 ◯ G 16 + *RF	68 D ◯
14 I ◯	31 ◯ A *RF	50 ◯ C *RF	69 ◯ C, F, H
15 I ◯	32 ◯ B *RF	51 I ◯	70 I ◯
16 12 -15 Score 1 ◯ G 16 + *RF	33 F ◯	52 F ◯	71 ◯ A *RF
17 ◯ H, E *RF E ONLY	34 ◯ E *RF	53 G ◯	72 F ◯
	35 ◯ B *RF	54 ◯ E *RF	73 ◯ B
	36 D *RF ◯	55 ◯ J	74 H ◯
PAGE 1	PAGE 2	PAGE 3	PAGE 4

*RF 16 + Score 1 for 16+, do not score for 12-15 16+ Score RF for 16+, do not score for 12-15

POSIT - TEMPLATE 2
SPANISH



POSIT SCORING SHEETS

POSIT SCORING SHEET - ENGLISH

CLIENT NAME _____ AGE _____ SEX _____

DATE OF POSIT ADMINISTRATION _____ POSIT SCORED BY _____

DOMAIN	PAGE 1	2	3	4	5	6	7	8	TALLY
A- Substance use/abuse (All items are red flags)									
B- Physical Health Status (Cut-off = 3 points)									
C-Mental Health Status (Cut-off = 4 points)									
D - Family Relationships (Cut-off = 4 points)									
E- Peer Relations (All items are red flags)									
F- Educational Status (Cut-off = 6 points)									
G- Vocational Status (cut-off = 5 points)									
H- Social Skills (Cut-off = 3 points)									
I- Leisure and Recreation (Cut-off = 5 points)									
J- Aggressive Behavior/Delinquency (Cut-off = 6 points)									
Scorers Comments:									

POSIT SCORING SHEET - SPANISH

CLIENT NAME _____ AGE _____ SEX _____

DATE OF POSIT ADMINISTRATION _____ POSIT SCORED BY _____

DOMAIN	PAGE 1	2	3	4	5	6	7	8	TALLY
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I- Leisure and Recreation (Cut-off = 5 points)									
J- Aggressive Behavior/Delinquency (Cut-off = 6 points)									
Scorers Comments:									

CLIENT PERSONAL HISTORY QUESTIONNAIRE

English Version

CLIENT PERSONAL HISTORY QUESTIONNAIRE

Name _____
Last First Middle

Your Zip Code_____

Age _____ Birth date _____
Month Day Year

Sex ____ Male
____ Female

Marital Status: Single _____
Married _____
Divorced _____
Separated _____

Which of the following best describes you?

____ Black
____ White
____ Hispanic/Chicano/Latino
____ American Indian
____ Asian
____ Other

What language are you most comfortable reading? _____

What language are you most comfortable writing? _____

What language are your parents most comfortable speaking? _____

In which religion were you raised?

____ Protestant
____ Catholic
____ Jewish
____ None
____ Other Which?_____

How often do you attend religious services?

____ Every week
____ A few times a month
____ About once a month
____ A few times a year
____ Rarely
____ Never

With whom are you currently living?

____ Both parents
____ Mother only
____ Father only
____ Mother and stepfather
____ Father and stepmother
____ Other relatives
____ Foster parents
____ Friends
____ Spouse
____ Boyfriend/Girlfriend
____ Other
____ No one

In what type of place do you live?

____ No regular place
____ Rooming or boarding house
____ Hotel
____ Apartment
____ Single family house
____ Jail
____ Institution or hospital
____ Therapeutic community, halfway house, or similar place
____ Shelter

How many times in the past year have you changed the people with whom you live? _____ Once _____ Twice _____ Three times or more

Do you have any children?

1. NO 2. YES
IF YES: Do they live with you?
1. NO 2. YES

Are you currently in school?

1. NO 2. YES
IF YES: What grade are you in? _____

What type of program (Check one)?
_____ Academic
_____ Vocational
_____ Commercial/Business
_____ Alternative
_____ Other Which?_____

What is your grade average (Circle one)?

A B C D Fail

Do you currently have a job?

1. NO 2. YES
IF YES: Is it full or part time?

_____ Full
_____ Part

What kind of job? _____

Are you a member of a street gang?

1. NO 2. YES

How many times have you been to a doctor in the last twelve months?

____ Never
____ Once
____ Twice
____ 3-5 times
____ More often

Have you been kept overnight in a hospital in the last 6 months?

1. NO 2. YES
IF YES: Why? _____

Are you currently taking any medications prescribed by your doctor?

1. NO 2. YES
IF YES, what medication(s) are you taking?

_____

What does your father or male head of household do for a living? (Please do not list <u>where</u> he works but <u>what job</u> he does.)

_____

What does your mother or female head of household do for a living?
(Please do not list <u>where</u> she works but <u>what job</u> she does.)

_____

Is your family receiving public assistance?

1. NO 2. YES

Have you been arrested or had any other trouble with the law in the past twelve months?

1. NO 2. YES
IF YES, what?_____

Has any member of your family or household family besides yourself ever had problems with alcohol abuse?

1. NO 2. YES
IF YES: Has this person been in a treatment program? _____

Has any member of your family or household family besides yourself ever had problems with other drug use?

1. NO 2. YES
IF YES: Has this person been in a treatment program? _____

Has any member of your family or household family besides yourself had involvement with the police or courts?

1. NO 2. YES
IF YES: Have any of them been: (Check all that apply)

_____ Arrested

_____ Held in jail or detention

_____ Convicted of a crime

_____ Put on probation

_____ Sent to a training school or prison

Are you currently seeing a psychiatrist, psychologist, counselor or social worker because you needed help with an emotional or behavioral problem?

1. NO 2. YES

Have you ever been in a special education class?

1. NO 2. YES

Below is a list of experiences or events. Put an "X" next to the items that have happened to you within the past 12 months.

1. _____ An important friend moved away.
2. _____ You changed schools.
3. _____ Your parents argued or fought with each other.
4. _____ One or both of your parents got remarried.
5. _____ Your parents got divorced or separated.
6. _____ There were serious money problems at home.
7. _____ A family member had a serious accident or illness that worried you.
8. _____ Someone in your family had a drinking or drug problem.
9. _____ You started earning your own money.
10. _____ You feared that someone might physically hurt you.
11. _____ You feared that someone might make sexual advances towards you.
12. _____ A brother or sister was born or adopted into your family.
13. _____ You found a new group of friends.
14. _____ You broke up with someone you were dating on a regular basis.
15. _____ (for girls) You became pregnant or gave birth to a child or did not complete pregnancy.
16. _____ (for boys) Your girlfriend became pregnant.
17. _____ You moved to a new home or neighborhood.
18. _____ You got poor grades in school.
19. _____ You had problems at work or school.
20. _____ You had a serious accident or illness.
21. _____ You started dating regularly.
22. _____ You had sex for the first time.
23. _____ You got in trouble with the law.
24. _____ You were expelled or suspended from school.
25. _____ You gained a lot of weight.
26. _____ You had a sexual experience with someone of your own sex.

27. _____ A close friend died.

28. _____ You thought about hurting or killing yourself.

29. _____ You had trouble with a brother or sister.

30. _____ Your mother or father lost a job.

31. _____ A brother or sister moved out.

32. _____ You had trouble with a school teacher.

33. _____ Someone in your family died.

34. _____ You were bothered by a lack of affection and kindness toward you by one or both of your parents.

35. _____ You were placed in a new living situation, for example, in a foster home, residential setting, or institution.

36. _____ A close friend became seriously ill or had serious medical problems.

37. _____ You stole something valuable.

38. _____ One or both of your parents changed jobs.

39. _____ You ran away from home.

40. _____ You have been a victim of a crime.

CLIENT PERSONAL HISTORY QUESTIONNAIRE

Spanish Version

CUESTIONARIO DE
INFORMACIÓN PERSONAL

_____ _____ _____
Apellido Paterno Primer Nombre Segundo Nombre

Código Postal (Zip Code): _____

Edad: _____

Fecha de Nacimiento: ____/____/_____
mes día año

Sexo: _____ Masculino
_____ Fememino

Estado Civil o matrimonial:
_____ Soltero
_____ Casado
_____ Divorciado
_____ Separado

¿Cúal de las siguientes razas es la que mejor te describe?

_____ Negro
_____ Blanco
_____ Hispano/Chicano/Latino
_____ Indio Americano
_____ Asiático
_____ Otra

¿Cúal lengua está vd. más confortable de leer? _____

¿Cúal lengua está vd. más confortable de escribir? _____

¿Cúal lengua están sus padres más confortable de hablar? _____

¿En que religión creció Vd?

_____ Protestante
_____ Católico
_____ Judio
_____ Ninguna
_____ Otra ¿Cúal? _____

¿Cúantas veces atiende vd. servicios religiosos?

_____ Cada semana
_____ Unos pocos veces cada mes
_____ Una vez cada mes
_____ Unos pocos veces cada año
_____ Rara vez
_____ Nunca

¿Con quién vive Vd. actualmente?

_____ Con los dos padres
_____ Solo con la Madre
_____ Solo con el Padre
_____ Madre y Padrasto
_____ Padre y Madrasta
_____ Otros parientes/deudos
_____ Padres adoptivos
_____ Amigos
_____ Esposo(a)
_____ Novio/Novia
_____ Otro
_____ Ninguna

¿En qué clase de lugar vive Vd.?

_____ Sin direccion fija
_____ Casa de huéspedes
_____ Hotel
_____ Apartamento
_____ Casa unifamiliar
_____ Cárcel
_____ Hospital o Institución
_____ Comunidad terapéutica o lugar similar
_____ Refugio

¿Cúantas veces en el año pasado ha cambiado vd. las personas con quien vive?

_____ Una vez
_____ Dos veces
_____ Tres veces o más

¿Tiene Vd. hijos?

No _____ Sí _____
(Si la respuesta es SÍ:)

¿Viven con Vd.?

No _____ Sí _____

¿Asiste Vd. a las escuela actualmente?

No _____ Sí _____
(Si las respuesta es SÍ:)

¿En que grado está Vd.? _____

¿En que tipo de programa (escoge uno)?

Académico _____
Vocacional _____
Comercial/Negocios _____
Alternativa _____
Otra _____ ¿Cúal?

¿Cúal es su promedio de calificaciónes?
A B C D Desaprobado

¿Tiene Vd. trabajo actualmente?

No _____ Sí _____
(Si las respuesta es SÍ:)

¿Su trabajo es a tiempo completo o parcial?

_____ Tiempo completo
_____ Tiempo parcial/Medio tiempo

¿Qué tipo de trabajo? _____

¿Es vd. un miembro de una pandilla (ganga)?

No _____ Sí _____

¿Cúantas veces ha visitado Vd. al doctor en los últimos 12 meses?

_____ Nunca
_____ Una vez
_____ Dos veces
_____ 3-5 veces
_____ Más de 5 veces

¿Ha tenido que permanecer en el hospital toda la noche en los últimos 6 meses?

No _____ Sí _____
(Si la respuesta es SÍ:)

¿Porque? _____

¿Está Vd. tomando algún medicamento recetado por algún médico actualmente?

No _____ Sí _____
(Si la respuesta es SÍ:)

¿Que medicamentos has tomado, o está tomando?
_____

¿En que trabaja su Padre?
(Por favor, no escriba en dónde, sino que trabajo realiza)
_____

¿En que trabaja su Madre?
(Por favor, no escriba en dónde, sino que trabajo realiza)
_____

¿Está su familia viviendo con las asistencia pública?

No _____ Sí _____

¿Ha sido arrestado, o ha tenido problemas con la ley en los últimos 12 meses?

No _____ Sí _____
(Si la respuesta es SÍ:) ¿Porque? _____

Además de vd, ¿ha tenido un miembro de su familia problemas con el abuso de alcohol?

No _____ Sí _____
(Si la respuesta es SÍ:)

¿Ha estado esta persona en una programa de tratamiento?

No _____ Sí _____

Además de vd, ¿ha tenido un miembro de su familia problemas con el abuso de otras drogas?

No _____ Sí _____
(Si la respuesta es SÍ:)

¿Ha estado esta persona en una programa de tratamiento?

No _____ Sí _____

Además de vd, ¿ha tenido un miembro de su familia problemas con la policía o tribunales?

No _____ Sí _____
(Si la respuesta es SÍ:)

¿Ha estado un miembro de su familia:
(Ponga un "X")

_____ Arrestado
_____ Detenido en el cárcel o detención
_____ Declarado convicto de un crimen
_____ Puesto en un período de prueba
_____ Puesto en el cárcel

¿Está Vd. actualmente viendo algún psiquiatra, psicólogo, consejero o trabajador social; porque necesita ayuda en un problema emocional o de comportamiento?

No _____ Sí _____

¿Ha estado en una clase de educación especial?

No _____ Sí _____

Aquí está una lista de experiencias o eventos. Ponga una "X" al lado de las experiencias que le han pasado a vd. **durante el año pasado.**

1. _____ Un amigo importante se ha mudado.
2. _____ Te cambiaste de escuela.
3. _____ Tus padres discuten o pelean uno con el otro.
4. _____ Uno o tus dos padres se han casado nuevamente.
5. _____ Tus padres se han separado o divorciado.
6. _____ Hay problemas serios de dinero en tu hogar.
7. _____ Un miembro de tu familia ha sufrido un accidente serio o una enfermedad que te preocupa.
8. _____ Alguien en tu familia tiene problemas con alcohol o drogas.
9. _____ Has comenzado a ganar tu propio dinero.
10. _____ Has sentido miedo porque alguien pudiera hacerte algun daño físico.
11. _____ Has sentido miedo porque alguien posiblemente quiere tomar ventaja sexual sobre ti.
12. _____ Un hermano o hermana ha nacido o adoptado en tu familia.
13. _____ Has encontrado un nuevo grupo de amigos.
14. _____ Has terminado con alguien con quien venías saliendo en forma seria.
15. _____ (Para chicas) Has salido embarazada o has dado a luz a un bebe o no has completado tu embarazo.
16. _____ (Para chicos) Tu enamorada o novia ha salido embarazada.
17. _____ Te has mudado a un nuevo vecindario.
18. _____ Has obtenido bajas calificaciones en la escuela.
19. _____ Tienes problemas en el trabajo o en la escuela.
20. _____ Has tenido un accidente o enfermedad seria.
21. _____ Has comenzado a salir regularmente, con alguien del

sexo opuesto.

22. _____ Has tenido relaciones sexuales por primera vez.

23. _____ Has tenido problemas con la Ley.

24. _____ Has sido suspendido o expulsado de la escuela.

25. _____ Has aumentado mucho de peso.

26. _____ Has tenido alguna experiencia sexual con alguien de tu mismo sexo.

27. _____ Un(a) amigo(a) muy cercano(a) ha muerto.

28. _____ Has pensado en hacerte daño a ti mismo o suicidarte.

29. _____ Tienes problemas con un hermano(a).

30. _____ Tu madre o padre han perdido el trabajo.

31. _____ Un hermano o hermana se ha mudado de tu casa.

32. _____ Has tenido problemas con un(a) maestro de la escuela.

33. _____ Algún miembro de tu familia ha muerto.

34. _____ Te has sentido mal o molestado por falta de afecto y cariño de parte de uno o tus dos padres.

35. _____ Te has cambiado de lugar de vivienda últimamente, por ejemplo, a un asilo de niños, una nueva casa o una institucion benéfica.

36. _____ Un amigo muy cercano se ha enfermado seriamente o ha tenido problemas médicos serios.

37. _____ Has robado algo de valor.

38. _____ Uno o tus dos Padres han cambiado de trabajo.

39. _____ Te has ido de tu casa.

40. _____ Has sido una víctima de un crimen.

PHYSICIAN REPORT FORM

PHYSICIAN REPORT FORM
ALL INFORMATION ON THIS FORM
IS STRICTLY CONFIDENTIAL

Full Name_____ Date_____
Date of Birth_____
With whom do you live?

Mother☐ Father☐ Stepmother☐ Stepfather☐ Guardian☐ Spouse☐ Friend☐
Other_____

HEALTH HISTORY

1. What current concern do you have about your health?_____

2. Have you ever been in a hospital overnight? Yes☐ No☐

Year	What For?
_____	_____
_____	_____

3. Have you had any serious illnesses or accidents? Yes☐ No☐ What and when?

4. Do you have any allergies? Yes☐ No☐ If yes, what?_____

5. Have you ever had a bad reaction to a medicine? Yes☐ No☐ If yes, what?

6. Have you had all your immunizations ("shots")? Yes☐ No☐

7. Was there anything abnormal about your birth, early growth, or childhood?
Yes☐ No☐ Explain:_____

FAMILY HISTORY

	Age	Health		Age	Health
1. Father	_____	_____	Mother	_____	_____
Brothers	_____	_____	Sisters	_____	_____
	_____	_____		_____	_____
Others in Family		_____			
		_____			

2. Has anyone in your close family had any of the following diseases and if so, who had it:

☐ Alcoholism
☐ Allergy
☐ Asthma
☐ Birth Defect
☐ Cancer
☐ Diabetes
☐ Drug Abuse
☐ Heart Problems
☐ High Blood Pressure
☐ Inherited or Family Disease
☐ Migraine Headaches
☐ Nervous Breakdown
☐ Obesity
☐ Seizures
☐ Sickle Cell Anemia
☐ Tuberculosis

REVIEW OF SYSTEMS
(Check "Yes" or "No" for each question)

DOCTOR'S COLUMN

Yes☐ No☐ 1. Do you have a problem with headaches?

Yes☐ No☐ 2. Have you ever had a fit or seizure?

Yes☐ No☐ 3. Have you ever been knocked unconscious or blacked out?

Yes☐ No☐ 4. Do you have a problem with your nose or nosebleeds?

Yes☐ No☐ 5. Do you have a problem with your eyes, ears or voice?

Yes☐ No☐ 6. Do you have more than 3 or 4 colds or sore throats a year?

Yes☐ No☐ 7. Do you have problems with frequent coughing?

Yes☐ No☐ 8. Are there any problems with your teeth? When did you last see a dentist?_____

Yes☐ No☐ 9. Have you ever had a heart condition, rheumatic fever, high blood pressure or a heart murmur?

Yes☐ No☐ 10. Do you tire easily?

Yes☐ No☐ 11. Do you often get short of breath?

Yes☐ No☐ 12. Do you often get chest pains?

Yes☐ No☐ 13. Do you have asthma or did you have it when younger?

Yes☐ No☐ 14. Do you often have stomach aches?

Yes☐ No☐ 15. Do you have problems with diarrhea or constipation?

Yes☐ No☐ 16. Have you lost or gained more than 5 lbs. recently?
Lost_____pounds **Gained_____pounds**

Yes☐ No☐ 17. Have you ever had kidney trouble, burning when you urinate, blood in your urine, or a bladder infection?

Yes☐ No☐ 18. Have you ever had a sexually transmitted disease?

Yes☐ No☐ 19. Do you often have backaches or pain in your joints?

Yes☐ No☐ 20. Do you have a skin problem?

DOCTOR'S COLUMN

Yes☐ No☐ 21. Have you ever had anemia or any other blood disorder?

Yes☐ No☐ 22. Have you been under the care of a doctor in the past year? For what?_____

Yes☐ No☐ 23. Do you usually have trouble sleeping?

Yes☐ No☐ 24. Are you taking any prescribed or over the counter medications or drugs?
What?_____

Yes☐ No☐ 25. Do you take any vitamin, mineral or food supplements? What?_____

FOR FEMALES ONLY

1. How old were you when you had your first period?_____ How often do they come?_____
How many days do they last?_____

2. When was your last menstrual period?_____

Yes☐ No☐ 3. Are you sick with your period? Every month____
Sometimes_____ Never_____ First day____
Second day____ More than 2 days____
What do you do for cramps?_____

4. Is your bleeding heavy___ normal___ light___

Yes☐ No☐ 5. Do you have any unusual discharge between periods?

Yes☐ No☐ 6. Have you ever had an internal (pelvic) examination? Date_____

Yes☐ No☐ 7. Have you had sexual intercourse in the past?
Date of last intercourse_____

8. What is your method of birth control?_____
_____

Yes☐ No☐ 9. Have you ever been pregnant?
How many times?_____
Sex and ages of children_____

Yes☐ No☐ 10. Have you ever had a lump in your breast or any other abnormality?

FOR MEN ONLY

Yes☐ No☐ 1. Have you ever had any swelling or soreness under your nipples?

Yes☐ No☐ 2. Have you ever had a lump or cyst on your testes ("balls")?

Yes☐ No☐ 3. Have you been circumcised?

DOCTOR'S COLUMN

Yes☐ No☐ 4. Are both your testes in your scrotum ("bag")?

Yes☐ No☐ 5. Do you have any hernias?

Yes☐ No☐ 6. Have you had sexual intercourse in the past?
Date of last intercourse_____

Yes☐ No☐ 7. Do you have any children?
Sex and ages of children_____

8. What is your method of birth control?_____
_____

SCHOOL HISTORY

1. School name_____
Grade or year graduated_____

Yes☐ No☐ 2. Do you plan to finish high school?

3. Education since high school_____

Yes☐ No☐ 4. Do you have a job? What?_____
_____

5. What are your future plans?_____
_____

SUBSTANCE USE HISTORY

	Ever Tried	Present Use
Tobacco	_____	_____
Alcohol	_____	_____
Marijuana	_____	_____
Cocaine	_____	_____
Barbiturates (downers)	_____	_____
Amphetamines (uppers)	_____	_____
LSD, Mescaline, etc.	_____	_____
PCP	_____	_____
Other_____	_____	_____

PERSONAL HISTORY

Do you have any special worries or fears about:

Yes☐ No☐ Your family?

Yes☐ No☐ School?

DOCTOR'S COLUMN

Yes☐ No☐ Religion?

Yes☐ No☐ Work habits and goals?

Yes☐ No☐ Friendship and opposite sex relationships?

Yes☐ No☐ Friendship and same sex relationships?

Yes☐ No☐ Sexual problems?

Yes☐ No☐ Your self-image?

Yes☐ No☐ Uncontrollable temper or impulsiveness?

Yes☐ No☐ Your health?

Yes☐ No☐ Nervousness?

Yes☐ No☐ Have you ever seriously considered harming yourself or someone else?

PHYSICAL ACTIVITIES

1. What do you do for exercise?_____

_____

2. What do you do in your spare time?_____

_____

DOCTOR'S PAGES

HISTORY

Informant_____

Chief Complaint_____

_____

Present Illness

Summary of other pertinent and past medical history:

Yes☐ No☐ Candidate for HIV testing?

Yes☐ No☐ Reported or Suspected Eating Disorder?

Yes☐ No☐ Reported or Suspected Physical Abuse?

Yes☐ No☐ Reported or Suspected Sexual Abuse?

Vital Signs: _____

Blood Pressure Pulse Respiratory Rate Weight(lbs.) Height(ft.in.)

General Appearance: Hair, Skin, Distinguishing features

Yes☐ No☐ Tattoos

Yes☐ No☐ Unusual Scars

Yes☐ No☐ Alopecia

Yes☐ No☐ Absent/singed eyebrows

Eyes: EOM, Pupils, Sclerae, Conjunctivae, Fundoscopy

Yes☐ No☐ Vertical Nystagmus

Yes☐ No☐ Horizontal Nystagmus

Yes☐ No☐ Abnormally Dilated Pupils

Yes☐ No☐ Abnormally Constricted Pupils

Yes☐ No☐ Scleral Icterus

Yes☐ No☐ Injected Sclera/conjunctiva

Head and Neck: Skull, Face, Ears, Nose, Oral Cavity, Tonsils, Pharynx, Thyroid, Trachea, Veins

Yes☐ No☐ Ulceration of nasal septum

Yes☐ No☐ Ulceration of nasal mucosa

Yes☐ No☐ Abnormal nasal discharge

Lymph Nodes: Cervical, Epitrochlear, Axillary, Inguinal, Popliteal

Yes☐ No☐ Enlarged Nodes

Breasts: Tanner Stage (Circle) I II III IV V

Yes☐ No☐ Masses

Yes☐ No☐ Tenderness

Yes☐ No☐ Gynecomastia (males)

Chest: Deformities, Tenderness, Expansion, Dullness, Fremitus, Breath Sounds, Rales, Diaphragm

Yes☐ No☐ Rales/Rhonchi

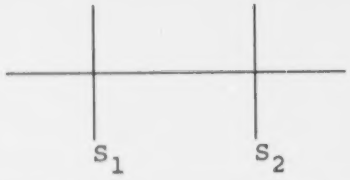
Yes☐ No☐ Wheeze

Yes☐ No☐ Cough

Heart: Inspection, Thrill, Rhythm, Murmurs, Gallop, Intensity(A_2, P_2, M_1)

Yes☐ No☐ Rhythm Disturbance

Yes☐ No☐ Pathological murmur



Abdomen: Liver, Kidney, Spleen, Hernia

Yes☐ No☐ Palpable Mass

Yes☐ No☐ Tenderness

Spine and Extremities: Joints, Hands, Feet, Veins, Pulses (Carotid, Radial, Femoral, D.P., P.T.)

Yes☐ No☐ Abnormal joint findings

Yes☐ No☐ Abnormal skin findings

Neurologic: Cerebration, Speech, Cranial Nerves, Motor, Reflexes, Sensory, Gait, Muscle Tone

Normal

Yes☐ No☐ Speech

Yes☐ No☐ Cranial nerves

Yes☐ No☐ Motor

Yes☐ No☐ Reflexes

Yes☐ No☐ Sensory

Yes☐ No☐ Gait

Yes☐ No☐ Strength/tone

Mental Status: Mood, Perceptions, Thought Processes, etc.

Normal

Yes☐ No☐ Mood

Yes☐ No☐ Thought processes

Yes☐ No☐ Memory

Genitalia: (Vulva, Urethra, Vagina, Cervix, Adnexa) (Penis, Scrotum, Testicles, Prostate)

Female check if normal

Yes☐ No☐ Vulva

Yes☐ No☐ Urethra

Yes☐ No☐ Vagina

Yes☐ No☐ Cervix

Yes☐ No☐ Adnexa

Males check if normal

Yes☐ No☐ Penis

Yes☐ No☐ Scrotum

Yes☐ No☐ Testicles

Yes☐ No☐ Prostate

Yes☐ No☐ Hernia

Rectal Exam: (if indicated)

Yes☐ No☐ Perirectal lesions

Yes☐ No☐ Hemorrhoids

Yes☐ No☐ Fissures

Immunization Summary

Results of laboratory/blood tests

Syphilis serology	Pos.☐	Neg.☐
Hepatitis screen	Pos.☐	Neg.☐
Pregnancy test	Pos.☐	Neg.☐
Chlamydia trachomatis	Pos.☐	Neg.☐
Neisseria gonorrhea	Pos.☐	Neg.☐
Other_____	Pos.☐	Neg.☐
_____	Pos.☐	Neg.☐

Diagnostic Appraisal

Plan: Tests, Consultation,
Treatment, Return Visits

Provider's Name:_____ Signature_____
Please Print (M.D.,D.O.,M.S.N., etc.)

Affiliation_____ Date_____

PHYSICAL ACTIVITY ASSESSMENT

PHYSICAL ACTIVITY ASSESSMENT

Name_____

Age_____ Sex _____

Please read the following list of activities. Circle the answer that best describes *how often* you participated in each activity *in the past year*. If you participate in some of these activities only during certain seasons, give the answer that would be most accurate during the season.

ACTIVITY	3 OR MORE TIMES/WEEK	AT LEAST ONCE/WEEK	AT LEAST ONCE/MONTH	LESS THAN ONCE/MONTH	NEVER
BASEBALL/SOFTBALL	X	X	X	X	X
FOOTBALL	X	X	X	X	X
SOCCER	X	X	X	X	X
BASKETBALL	X	X	X	X	X
SWIMMING	X	X	X	X	X
BICYCLING	X	X	X	X	X
HIKING	X	X	X	X	X
RUNNING/JOGGING	X	X	X	X	X
WEIGHT-LIFTING	X	X	X	X	X
TENNIS/RACQUETBALL	X	X	X	X	X
BOXING	X	X	X	X	X
WRESTLING	X	X	X	X	X
KARATE, JUDO, OR OTHER MARTIAL ARTS	X	X	X	X	X
AEROBIC DANCING, JAZZERCISE, ETC.	X	X	X	X	X
OTHER SPORTS (LIST)					
_____	X	X	X	X	X
_____	X	X	X	X	X

PLEASE COMPLETE OTHER SIDE

How often do you participate *for at least 20 minutes* in some sort of exercise, sport, or activity which causes you to get out of breath and your heart to beat hard?

___ ALMOST EVERY DAY

___ AT LEAST THREE TIMES PER WEEK

___ AT LEAST ONCE PER WEEK

___ ONE TO THREE TIMES PER MONTH

___ AT LEAST SIX TIMES PER YEAR

___ A FEW TIMES PER YEAR

___ NEVER

Do you have any physical problem that makes it difficult or impossible for you to participate in sports or other physical activities?

___ NO

___ YES

IF YES, WHAT? _____

_____

_____

_____

NATIONAL YOUTH SURVEY DELINQUENCY SCALE

NATIONAL YOUTH SURVEY
DELINQUENCY SCALE

INSTRUCTIONS

ON THE FOLLOWING PAGES ARE A LIST OF BEHAVIORS. YOU WILL ASK THE INTERVIEWEE ABOUT EACH ONE OF THEM. IF THE INTERVIEWEE ADMITS TO ANY OF THE BEHAVIORS, FOLLOW UP WITH THE APPROPRIATE PROBES.

READ THE FOLLOWING SENTENCE:

I would like to ask you some confidential questions about your past behavior. How many times in the past 12 months have you: (GO TO NEXT PAGE.)

SCORING

Sum the reported frequency of the following five derived scales.

TOTAL DELINQUENCY _____
(Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23)

GENERAL THEFT _____
(Items 1,2,3,5,16,21,22)

CRIMES AGAINST PERSONS _____
(Items 6,8,10,11,12,17,18,19,20)

INDEX OFFENSES _____
(Items 1,2,6,8,17,18,19,20,22)

DRUG SALES _____
(Items 9,14,15)

NATIONAL YOUTH SURVEY
DELINQUENCY SCALE

	Number of Times	If **10 or more times,** also ask: How often?						Ask if **1 or more** times: How old were you when you first did this?
		Once a month	Once every 2-3 weeks	Once a week	2-3 times a week	Once a day	2-3 times a day	
1. Stolen (or tried to steal) a motor vehicle, such as a car or motorcycle								
2. Stolen (or tried to steal) something worth more than $50								
3. Knowingly bought, sold or held stolen goods (or tried to do any of these things)								
4. Carried a hidden weapon other than a plain pocket knife								
5. Stolen (or tried to steal) things worth $5 or less								
6. Attacked someone with the idea of seriously hurting or killing him/her								

NATIONAL YOUTH SURVEY
DELINQUENCY SCALE

	Number of Times	If **10 or more times,** also ask: How often?						Ask if **1 or more** times: How old were you when you first did this?
		Once a month	Once every 2-3 weeks	Once a week	2-3 times a week	Once a day	2-3 times a day	
7. Been paid for having sexual relations with someone								
8. Been involved in gang fights								
9. Sold marijuana or hashish ("pot," "grass," "hash")								
10. Hit (or threatened to hit) a teacher or other adult at school								
11. Hit (or threatened to hit) one of your parents								
12. Hit (or threatened to hit) other students								
13. Been loud, rowdy, or unruly in a public place (disorderly conduct)								

NATIONAL YOUTH SURVEY
DELINQUENCY SCALE

	Number of Times	If **10 or more times**, also ask: How often?						Ask if **1 or more** times: How old were you when you first did this?
		Once a month	Once every 2-3 weeks	Once a week	2-3 times a week	Once a day	2-3 times a day	
14. Sold cocaine or crack								
15. Sold other hard drugs such as heroin or LSD								
16. Taken a vehicle for a ride (drive) without the owner's permission								
17. Had (or tried to have) sexual relations with someone against their will								
18. Used force (strong-arm methods) to get money or things from other students								
19. Used force (strong-arm methods) to get money or things from a teacher or other adult at school								

NATIONAL YOUTH SURVEY
DELINQUENCY SCALE

	Number of Times	If **10 or more times,** also ask: How often?						Ask if **1 or more** times: How old were you when you first did this?
		Once a month	Once every 2-3 weeks	Once a week	2-3 times a week	Once a day	2-3 times a day	
20. Used force (strong-arm methods) to get money or things from other people (not students or teachers)								
21. Stolen (or tried to steal) things worth between $5 and $50								
22. Broken into a building or vehicle (or tried to break in) to steal something or just to look around								
23. Begged for money or things from strangers								

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ADOLESCENT SERVICES MATRIX

Note: The two pages of this matrix should be joined together where indicated by "attach here"

ADOLESCENT SERVICES MATRIX

Service Area:_____

FACILITY/PROGRAM NAME											
TYPE OF FACILITY OR PROGRAM											
General Medical	**Inpatient**										
	Outpatient										
Psychi-atric	**Inpatient**										
	Outpatient										
Residential											
Group Home											
Halfway House											
Community Service Agency											
Teen Drop-in Center											
Educational Program											
Drugs	**Inpatient**										
	Outpatient										
	Residential										
Alcohol	**Inpatient**										
	Outpatient										
	Residential										
Detoxification Program											

attach here

attach here

TYPE OF CLIENT										
Children										
Adolescents										
Adults										
Alcohol Abuser										
Drug Abuser										
Delinquent/Status Offender										
Pregnant Teen										
Victimized Teen										
Mentally/Emotionally Disturbed										
Developmentally Disabled										
Physically Handicapped										
Visually Impaired										
Hearing Impaired										
Non-English Speaking										
Unmanageable										
ADOLESCENT SERVICES										
Diagnosis & Evaluation										
Therapy & Counseling										
Education										
Rehabilitation										
Medical										
Specialized Addiction Services										
Social Services										
Crisis Intervention										
Employment										

PROVIDER QUESTIONNAIRE

PROVIDER QUESTIONNAIRE

Instructions

Answer each of the following questions about your facility or program either by entering your response in the space provided or placing a checkmark next to the appropriate category.

1. Please provide the following information about your facility or program.

   Name:

   Street Address:

   Telephone Number: ( )

   Days of Operation:

   Hours of Operation:

2. How many paid full-time and part-time professional staff are directly involved in service provision?

   No. Full-time staff: _____
   No. Part-time staff: _____

2a. Is there a professional voluntary staff: Yes _____ No _____

3. What type of payment for services are accepted by your facility/program?

   Self-pay _____
   Medicaid _____
   Medicare _____
   Third party payers _____
   Not applicable _____
   Other (SPECIFY) _____

3a. Please describe any admission or eligibility requirements for your facility/program.

_____

_____

4. What certifying boards currently recognize this facility?

_____

_____

5. Please give the name of the person who should be listed in the Directory of Adolescent Services as the contact person for making a referral to your facility/program.

_____

6. What type of clientele are served by your facility/program? (CHECK ALL THAT APPLY.)

Children _____
Adolescents _____
Adults _____

7. Which of the following best characterizes your facility/program? (CHECK ALL THAT APPLY.)

General medical inpatient _____
General medical outpatient _____
Freestanding psychiatric inpatient _____
Freestanding psychiatric outpatient _____
Residential _____
Group home _____
Halfway house _____
Community service agency _____
Teen drop-in center _____
Educational institution or program _____
Drug treatment inpatient _____
Drug treatment outpatient _____
Drug treatment residential _____
Alcohol treatment inpatient _____
Alcohol treatment outpatient _____
Alcohol treatment residential _____
Detoxification facility/program _____

8. Does your facility/program have secured (locked) units?
Yes _____ No _____

9. For which of the following types of adolescents does your facility/program provide services? (CHECK ALL THAT APPLY.)

Alcohol abuser	_____
Drug abuser	_____
Delinquent/status offender	_____
Pregnant teen	_____
Victimized adolescents	_____
Mentally/emotionally disturbed	_____
Developmentally disabled	_____
Physically handicapped	_____
Visually-impaired	_____
Hearing-impaired	_____
Unmanageable	_____
Non-English speaking	_____

10. Which of the following staff are available to provide direct services to adolescents at your facility/program? (CHECK ALL THAT APPLY.)

Certified alcohol counselor	_____
Certified drug abuse counselor	_____
Psychiatrist	_____
Neurologist	_____
Child and adolescent psychologist	_____
Pediatrician	_____
Family practitioner	_____
Internist	_____
Dentist	_____
Nurse mid-wife	_____
Clinical nurse practitioner	_____
Clinical psychologist	_____
Clinical social worker	_____
Vocational rehabilitation counselor	_____
Pastoral counselor	_____
School counselor	_____
Counseling psychologist	_____
Marriage and family counselor	_____
Speech and language therapist	_____
Educational psychologist	_____
Neuropsychologist	_____
Developmental specialist	_____
Special educational teacher	_____
Exercise physiologist	_____
Physiotherapist	_____
Licensed activities therapist	_____
Art therapist	_____
Dance therapist	_____
	_____

11. Which of the following diagnostic and evaluation services are provided to adolescents by your facility/program? (CHECK ALL THAT APPLY.)

Psychological assessment _____
Psychiatric evaluation _____
Educational assessment _____
Other testing (SPECIFY)
_____
No assessment services _____

12. Which of the following therapeutic or counseling services are provided to adolescents by your facility/program? (CHECK ALL THAT APPLY.)

Individual counseling or therapy _____
Group counseling or therapy _____
Peer counseling _____
Self-help groups _____
Family counseling or therapy _____
Family planning _____
Marriage and couple counseling _____
Religious counseling _____
Rape/sexual abuse counseling _____
Recovery/aftercare counseling _____
Art therapy _____
Dance therapy _____
Music therapy _____
Relaxation therapy _____
Hypnotherapy _____
AIDS counseling _____
Other (SPECIFY)
_____
No therapy or counseling _____

13. Which of the following education services are provided to adolescents by your facility/program? (CHECK ALL THAT APPLY.)

Basic education skills _____
Literacy/reading skills _____
Special education _____
Bilingual education or ESL _____
GED program _____
Substance abuse education _____
Independent living skills _____
Educational tutoring/remediation _____
Other (SPECIFY)
_____
No education/prevention _____

14. Which of the following rehabilitation services are provided to adolescents by your facility/ program? (CHECK ALL THAT APPLY.)

Speech therapy _____
Physical therapy _____
Vocational rehabilitation _____
Other (SPECIFY)

_____

No rehabilitation _____

15. Which of the following medical services are provided to adolescents by your facility/ program? (CHECK ALL THAT APPLY.)

Physical examinations _____
Nutritional assessment _____
Eating disorders program _____
Neurological or physiological assessment _____
HIV testing _____
Pregnancy testing _____
Radiological services _____
Other (SPECIFY)

_____

No medical services _____

16. Which of the following specialized addiction services are provided to adolescents by your facility/program? (CHECK ALL THAT APPLY.)

Methadone maintenance _____
Detoxification treatment _____
Drug-free treatment _____

17. Which of the following social services are provided to adolescents by your facility/ program? (CHECK ALL THAT APPLY.)

Community outreach _____
Income support/maintenance _____
Financial assistance/counseling _____
Protection services _____
Adoption services _____
Foster care services _____
Transportation services _____
Respite services _____
Family services _____
Homemaker services _____
Home health aide services _____
Legal counseling _____
Other social services (SPECIFY)

_____

No social services _____

18. Which of the following crisis intervention services are provided to adolescents by your facility/program? (CHECK ALL THAT APPLY.)

Crisis intervention counseling _____
Emergency overdose medical _____
Shelter _____
Hotline counseling _____
Other (SPECIFY)

_____

No crisis intervention _____

19. Which of the following employment-related services are provided to adolescents by your facility/program? (CHECK ALL THAT APPLY.)

Job readiness counseling _____
Job placement _____
Job skills or vocational training _____
Sheltered work environment _____
Other (SPECIFY)

_____

No employment-related services _____

PROVIDER INFORMATION FORM

PROVIDER INFORMATION FORM

Facility/Program Name: (1) Contact Person: (2)

Address: (1)

Telephone: (1)

Days/hours of operation: (1)

Admission/eligibility requirements: (3a)

Certification: (4)

Special client focus: (6,9)

Type(s) of reimbursement (3)

Type(s) of direct service staff: (2a, 9)

No. full-time staff: (2) No. part-time staff: (2)

Services offered: (11-19)